

FOURTH-YEAR WORKPLAN

**October 1, 1998 -
September 30, 1999**

THE POLICY PROJECT

FOURTH-YEAR WORKPLAN

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TABLE OF CONTENTS

PROJECT OVERVIEW	1
WORKPLAN HIGHLIGHTS.....	2
RESULTS FRAMEWORK FOR THE POLICY PROJECT.....	3
EXPECTED RESULTS FOR YEAR IV.....	5
ELEMENT ACTIVITIES	7
POLICY DIALOGUE AND FORMULATION	7
PARTICIPATION	9
PLANNING AND FINANCE	11
RESEARCH	13
EVALUATION	14
AFRICA	15
BENIN	16
ETHIOPIA	18
GHANA	20
KENYA	22
MALAWI	24
MALI	26
MOZAMBIQUE	28
REDSO/ESA	30
REDSO/WCA	32
SAHEL/CERPOD	34
SENEGAL	36
TANZANIA	38
ZAMBIA	40
ZIMBABWE	42
ASIA/NEAR EAST	45
BANGLADESH	46
EGYPT	48
INDIA	50
INDONESIA	52
JORDAN	54
MOROCCO	56
NEPAL	58
PHILIPPINES	60
EUROPE/ NEWLY INDEPENDENT STATES	63
KAZAKHSTAN	64
ROMANIA	66
RUSSIA	68
TURKEY	70
UKRAINE	72

LATIN AMERICA/CARIBBEAN	75
BOLIVIA	76
GUATEMALA	78
HAITI	80
JAMAICA	82
MEXICO	84
PERU	86
COUNTRIES IN THE PLANNING STAGE	88
TURKMENISTAN	
SOUTH AFRICA	
APPENDICES	89
APPENDIX A: MANAGEMENT STRUCTURE	
APPENDIX B: AVAILABILITY OF COUNTRY WORKPLANS	
APPENDIX C: FINANCIAL SUMMARY	

PROJECT OVERVIEW

The purpose of the POLICY Project is *to create a supportive environment for family planning (FP) and reproductive health (RH) programs* through the promotion of a participatory policy process and population policies that respond to client needs. To achieve this purpose, the project addresses the full range of policies that support the expansion of FP and other RH services:

- National policies as expressed in laws and in official statements and documents;
- Operational policies that govern the provision and use of services;
- Policies affecting gender and the status of women; and
- Policies in related sectors that affect population such as health, education, and the environment.

Project Elements

Policy Dialogue and Formulation: The POLICY Project builds consensus and mobilizes support among policymakers for FP and RH policies and programs.

Broadened Participation in the Policy Process: The POLICY Project promotes and strengthens the participation of stakeholders, including beneficiaries, in the policy development process by increasing the ability of NGOs to represent stakeholder needs and interests.

Planning and Finance: The POLICY Project helps to translate national population, FP, and RH policies into action through effective strategic planning. This element also emphasizes the mobilization and efficient allocation of resources for FP/RH.

Policy-Relevant Research: The POLICY Project supports global and country research that helps direct the attention of policymakers to the critical issues underlying FP and RH needs, policies, and programs.

Cross-Cutting Issues and Approaches Receiving Special Priority

The POLICY Project pays special attention to three technical areas that cut across the four elements. These are reproductive health (including prevention and management of STDs and HIV/AIDS, postabortion care, maternal health, and adolescents), intersectoral linkages, and gender.

Cross-cutting approaches permeate all project work. These are increasing participation in all activities, improving dissemination, expanding partnerships with host-country institutions, and focusing on results.

WORKPLAN HIGHLIGHTS

This workplan covers the 1999 fiscal year (FY) beginning on October 1, 1998, and ending on September 30, 1999. At the end of FY98, POLICY was active in 30 countries and with three regional organizations and had made significant progress on the technical elements and cross-cutting concerns. FY99 promises to be another busy and productive year for the project. The workplan highlights are depicted below.

- ✓ *Implement new country programs in Mali and Turkmenistan and renew activities in South Africa.*
- ✓ *Place resident advisor in Turkmenistan and continue to hire long-term advisors in project countries, such as Bangladesh, Ethiopia, Kenya, Kazakhstan, and Russia.*
- ✓ *Foster new initiatives in HIV/AIDS including model development, strategic planning, and a focus on human rights.*
- ✓ *Collaborate with USAID, UNFPA, and the State Department in preparation for Cairo+5.*
- ✓ *Expand SPECTRUM, especially the AIDS Impact Model, to include modules on mother-to-child transmission.*
- ✓ *Train all project staff and selected counterparts in use of SPECTRUM models.*
- ✓ *Monitor 12 ongoing multiyear research studies under the Global Policy Research Program.*
- ✓ *Improve inter-element coordination in country program work.*
- ✓ *Monitor performance of country and element activities and track achievement of project results; implement documentation files for project results.*
- ✓ *Complete occasional papers on the AIDS policy formulation process and disseminate to worldwide policy audiences.*
- ✓ *Complete Value for Money monograph for dissemination to worldwide policy audiences.*
- ✓ *Document successful policy approaches in participation, decentralized planning, and effective advocacy.*
- ✓ *Initiate plans for synthesizing research studies and documenting the impact of the project's major accomplishments.*

RESULTS FRAMEWORK FOR THE POLICY PROJECT

The Strategic Objective (SO) of the POLICY Project is *Improved policy environment for family planning and reproductive health programs, including HIV/AIDS*. The SO consists of an assessment of the overall FP/RH policy environment in general, as well as the following three components which are measured separately:

- *Political and popular support strengthened*
- *National and subnational policies, guidelines, and plans developed in support of FP/RH*
- *Financial and other resources mobilized for FP/RH needs*

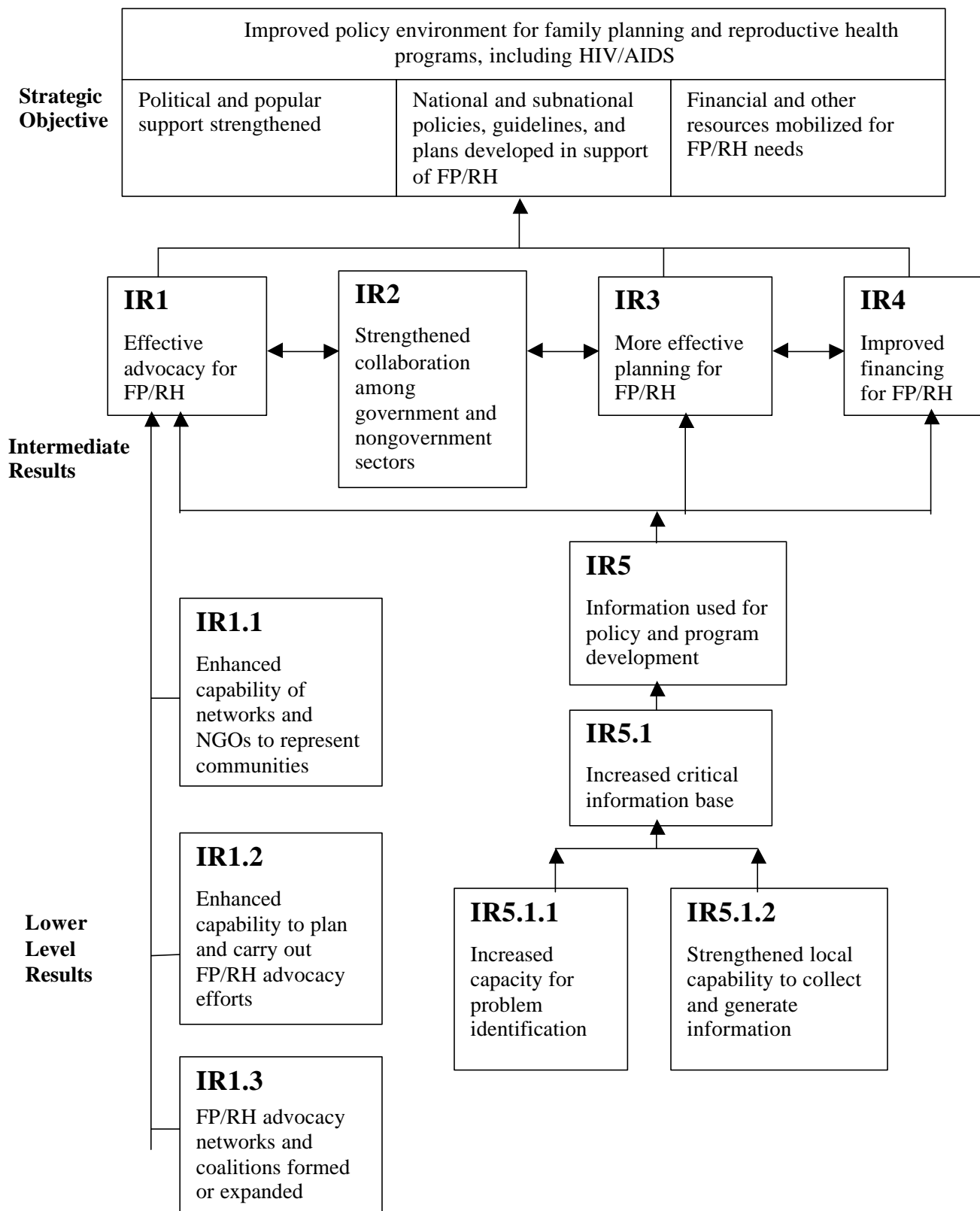
POLICY's SO is supported by the following five intermediate results (IRs):

- IR1 *Effective advocacy for FP/RH*
- IR2 *Strengthened collaboration among governmental and nongovernmental sectors*
- IR3 *More effective planning for FP/RH*
- IR4 *Improved financing for FP/RH*
- IR5 *Information used for policy and program development*

Lower-level results supporting these IRs are shown in Figure 1, which illustrates the POLICY Project results framework. POLICY has also specified indicators and data sources for project results.

Element and country activities jointly contribute to the achievement of IRs and the SO. In this workplan, element and country activities are classified according to the specific project result to which they will contribute. Country activities also contribute to the achievement of country-specific results, which are referenced in the individual country workplans.

Figure 1
POLICY PROJECT RESULTS FRAMEWORK



EXPECTED RESULTS FOR YEAR IV

Achievements in the policy field are often the result of long-term and intensive investments. The most rationally conceived plans do not always produce the intended result in the area of policy development. However, given the performance of the project in its first three years, the following results have a good probability of being achieved. (Note that this is only a sampling of the expected results.)

SO: Improved policy environment for family planning and reproductive health programs, including HIV/AIDS

- USAID document prepared for dissemination at Cairo+5 meetings, “From Commitment to Action: Meeting the Challenge of ICPD,” cites POLICY-funded commissioned research findings on abortion and contraception in the Central Asian Republics.
- PES improves in Guatemala and Jordan.

SO(a): Political and popular support strengthened

- Jordanian parliamentarians voice increased support for FP/RH issues.

SO(b): National and subnational policies, guidelines, and plans developed in support of FP/RH

- The Council of Ministers in the state of Rajasthan, India approves the Reproductive and Child Health Policy.
- The National Population Council completes governorate-level strategic plans for the population sector in all of Egypt’s 26 governorates and governors formally adopt the plans.
- The President of Peru approves the “Plan Nacional de Poblacion 1998-2002.”
- National AIDS policies approved in Zambia, Zimbabwe, and Benin.
- Plan for targeting public sector resources in Turkey developed.

SO(c): Financial and other resources mobilized for FP/RH needs

- Turkish Ministry of Health continues to use own funds and increases the amounts obligated to purchase contraceptives as part of the regular procurement system.

IR1: Effective advocacy for FP/RH

- Policy champions in Romania carry out a letter-writing campaign urging inclusion of RH services in the Health Insurance Framework Contract to ensure access to services and improved health of mothers and children.
- Participation networks in Bolivia, Ghana, Guatemala, Peru continue to carry out advocacy campaigns to obtain commitments from the health sector, improve RH services, and sensitize policymakers on RH issues and women’s rights.
- South African provincial advocacy networks implement advocacy campaigns for expanded HIV/AIDS programs for South Africa.
- Participation network in Turkey carries out advocacy campaign on quality of care.
- NGO networks in Benin and Mali carry out advocacy campaigns for policymakers to support reproductive health programs for youth.
- NGO health network in Benin carries out advocacy campaign to gain public sector support of FP/RH programs.

IR2: *Strengthened collaboration among government and nongovernmental sectors*

- The multisectoral planning team in Yucatan, Mexico, meets regularly on its own initiative, procures funding from the state and from private sector firms, and conducts training for health care personnel on the basics of AIDS patient care.
- NGO networks in Bolivia (CNM), Ghana (4 district networks), Guatemala (Women's Network for Peace), and Russia include members from government, NGOs, and the private sector and meet regularly to plan and carry out advocacy activities.
- Public/private sector collaboration institutionalized in the planning process for the National AIDS Strategy in Malawi.

IR3: *More effective planning for FP/RH*

- HIV/AIDS strategic planning processes strengthened in Ethiopia, Malawi, and Mexico as a result of POLICY training in strategic planning and follow-up support.
- Ministry of Health officials in Nepal use priority-setting expertise in developing the national action plan for reproductive health.
- National FP/RH planning and implementation process in Morocco successfully carried out in two regions.

IR4: *Improved financing for FP/RH*

- Health Insurance Framework Contract in Romania involves FP and prenatal and postnatal care in the basic health insurance package of services.
- Officials in the Ministry of Health in Bangladesh use results from the ESP Model (Essential Services Package) to make resource allocation decisions based in part on the cost-effectiveness of interventions.

IR5: *Information used for policy and program development*

- Government uses information from the AIDS Impact Model in development of national AIDS policies, strategies, and plans in Benin, Haiti, Malawi, Mozambique, Zambia, and Zimbabwe.
- Regional government technicians in Senegal use demographic projections from SPECTRUM in development of a new project with the German Aid Organization (GTZ).
- Projections from RAPID presentation in Mozambique incorporated into final version of the national population policy.
- The Jordanian National Population Commission uses results from the POLICY document, "Setting National Goals for Family Planning and Reproductive Health," to revise the goals for the National Population Strategy.
- Governor of the province of Capiz, Philippines, uses findings from POLICY study of health service delivery system to reorganize the health service at the local level.
- State governments in India use results of POLICY studies on operational policy to revise family welfare program organization.

ELEMENT ACTIVITIES

POLICY DIALOGUE AND FORMULATION

The Policy Dialogue and Formulation (PDF) element supports the project SO through building consensus and mobilizing support among policymakers for FP/RH and HIV/AIDS and helping countries develop effective policies that respond to the ICPD Program of Action. PDF activities provide leadership on policy issues, promote policy research and evaluation, and develop the tools and techniques for technical support to the field. Much of this background work contributes directly to POLICY IR5.1, *Increased critical information base*, as well as to the following additional project results:

- *Effective advocacy for FP/RH*
- *More effective planning for FP/RH*
- *Political and popular support strengthened*
- *Information used for policy and program development*

PDF activities fall into four main categories: model development and application, reproductive health, HIV/AIDS, and support to country programs.

Model development and application. PDF is updating the AIM model with a module on mother-to-child transmission. Through the HIV/AIDS Working Group, PDF is also collaborating with the Africa Bureau and the SARA Project to create a TB/AIDS model, and with UNAIDS to develop a revised version of Epimodel. The element is also collaborating in an effort to evaluate the following models within the SPECTRUM suite: DemProj, FamPlan, and AIM. In addition, the element will be supporting activities to validate the HIV/AIDS models. Manuals for all of the SPECTRUM models are being translated into French, Spanish, and Russian. PDF is providing support for the application of models by conducting direct training as well as training-of-trainers (TOT) in using the models.

Reproductive health. PDF is working to increase understanding and provide recommendations to guide the development and implementation of RH policies and programs. Through the Reproductive Health Working Group, the element is funding an African research network to carry out RH case studies in five francophone African countries. The eight case studies conducted last year are currently being disseminated in-country and at international forums. The element is providing guidance to planners trying to set priorities in RH by preparing a practical guide to using the Columbia Framework and a resource document on the efficacy of RH interventions. The resource document will be produced in conjunction with Columbia University. Also in the area of RH, PDF is actively involved in the Cairo+5 conference in The Hague. The element will be presenting findings from the RH case studies and participating in NGO task forces.

HIV/AIDS. PDF is continuing its support to USAID SO4, *Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic*. Specifically, it is working to increase the critical information base in relation to AIDS by preparing country case studies on the analysis of sentinel surveillance data and preparation of national estimates and projections; continuing compilation and dissemination of a compendium on national HIV/AIDS policies; updating the paper “Demographic Impact of AIDS in Sub-Saharan Africa”; organizing a satellite workshop at the Lusaka AIDS Conference to bring together people to share operational policy issues in AIDS; developing a framework for conducting legal and regulatory analysis for HIV/AIDS; providing a human rights consultant as a resource for POLICY activities and the HIV/AIDS division; and responding to ad hoc requests of the HIV/AIDS division and other members of

the Implementation Working Group (IWG). In addition, the element is supporting advocacy efforts both through model development and the development of an advocacy training guide, including HIV/AIDS examples and presentations.

Element support to country programs. PDF is supporting the development and dissemination of a Safe Motherhood Model application and presentation in Bolivia, which is being cosponsored by the MotherCare team in Bolivia. The element will also be providing support for local SPECTRUM training to the CERPOD countries as well as in Peru and Guatemala. In Guatemala, the country team has requested element support for guiding activities in addressing medical barriers and quality issues in reproductive service delivery.

GENDER WORKING GROUP

In the initial three years of the project, POLICY has placed emphasis on incorporating gender considerations in its work. In FY99, POLICY will produce a report documenting the effectiveness of that effort and the impact it has had on country programs. In addition, the GWG will continue to maintain the gender reading shelf, bulletin board, and speaker series.

PARTICIPATION

Emphasis on broadened participation in FP/RH emerged after the 1994 International Conference on Population and Development (ICPD) when the NGO Forum demonstrated the impact NGOs have in shaping international RH policy as well as the need for enabling stakeholders at all levels to shape the formulation and implementation of national policies. The Participation element responded to this recognition of the nongovernmental sector by designing activities that prepare and support networks and NGOs in advocating for client-responsive FP/RH policies and programs.

The Participation element activities focus on the following component of the POLICY Project SO: *Political and popular support strengthened*. The element supports this objective by working toward IR1, *Effective advocacy for FP/RH*. Achieving this result requires the attainment of three lower-level results: (1) *Enhanced capability of networks and NGOs to represent communities*; (2) *Enhanced capability to plan and carry out FP/RH advocacy efforts*; and (3) *FP/RH advocacy networks formed or expanded*.

The element also contributes to other project IRs: IR2, *Strengthened collaboration among government and nongovernmental sectors*, and IR5, *Information used for policy and program development*. Participation recognizes that effective advocacy is inherently linked to increased collaboration between government and nongovernmental sectors, such as NGOs, associations, academia, and so forth. Additionally, the development, dissemination, and application of policy information by stakeholders support effective advocacy.

Working toward each IR at the country level requires a range of overarching inputs provided by the element using core and local resources. In FY99, Participation staff will expand on current work in 20 countries and initiate element activities in two new countries. The element directs much of its core resources, especially local participation coordinators and minigrants, to networks and local NGOs, such as women's groups, grassroots organizations, professional groups, FP/RH associations, and other civic groups. The element also works with national and local governments in need of assistance in broadening participation.

The following are the overarching technical assistance (TA) element activities being used in Participation countries or being developed for use across all countries:

- Cairo+5 mobilization activity to support in-country forums, the development of national documentation, and network representation at key Cairo+5 venues.
- Development and dissemination of advocacy tools. The element will publish and disseminate the Advocacy Training Guide. The element also continues to develop approaches to broaden participation in policy processes.
- Award of minigrants and subcontracts to NGO partners, with at least 25 minigrants envisaged for FY99.
- Placement of and support to local participation coordinators. During FY99, the element expects to support 11 participation coordinators in Benin, Bolivia, Ghana, Guatemala, Jordan, Peru, Romania, Russia, and Turkey.
- Case studies documenting advocacy efforts by networks in four countries to present best practices in advocacy and networking.

Following are the Participation element activities that support the POLICY Project SO and IRs:

Improved policy environment for FP and RH programs: political and popular support strengthened. As partner networks prepare for and participate in the Cairo+5 review, they will contribute to an improved policy environment for FP/RH programs at the international and national levels. The element has targeted four partner networks to collaborate with and support during this series of international events. Partner networks will receive funding to hold in-country forums to collect, discuss, and document national experiences and responses to ICPD implementation. The element will then support network participation in select international meetings held for the Cairo+5 review process. Through these activities, civil society leaders and policymakers will have the opportunity to speak out and support the ICPD Program of Action.

Enhanced capability to plan and carry out FP/RH advocacy efforts. Specifically, the element works toward the result of *Enhanced capability of networks and NGOs to plan advocacy efforts*. This result emphasizes the ability of networks and NGOs to plan advocacy campaigns that draw the attention of decision makers to RH issues. Activities that support this result include the development and dissemination of the Advocacy Training Guide; small grants to networks and NGOs to fund advocacy activities; and training in strategic advocacy planning. In addition, the element works toward the result of *Improved knowledge of FP/RH policy processes among networks and NGOs*. Element activities toward achieving this result include training in the “mapping” of formal and informal policy processes, identifying individuals who make and influence policies, and supporting NGOs and networks in policy forums.

Enhanced capability of networks and NGOs to represent communities. This IR reflects the increased ability of networks and NGOs to represent constituents’ needs and interests. A focus for the element under this result is the *Use of timely and appropriate FP/RH data among NGOs and networks*. Participation activities supporting this result will include training in data utilization and policy analysis, participatory research, data collection (using surveys and focus group discussions), and dissemination. The element also provides TA and grants to networks and NGOs to collect, analyze, and present data to policymakers.

FP/RH advocacy networks and coalitions formed or expanded. In most cases, the element places participation coordinators in-country to provide direct, local TA and support to networks as they are formed and strengthened. The element also provides minigrants to support network operations.

Strengthened collaboration among government and nongovernmental sectors. Increased collaboration brings the “top” and “bottom” perspectives together by emphasizing the need for NGOs and other stakeholders to work together to make policy development and implementation client-responsive. The element provides training and TA to multisectoral networks, governments, and other bodies to facilitate increased and enriched policy dialogue between stakeholders and policymakers.

Information used for policy and program development. The development of documentation on the best practices in networking and advocacy is critical in governments, nongovernmental groups, other stakeholders, and donors understanding the results of and the processes behind networking and advocacy. The element will write case studies on the activities, successes, and lessons learned from four NGO networks. These case studies will be models for stakeholders to use as they develop networks and advocacy plans and for donors to use as they support networks and advocacy initiatives.

PLANNING AND FINANCE

The Planning and Finance element focuses on policies that affect the planning and financing of FP/RH programs. National policies should, but often do not, set goals and objectives for both the public and private sectors, providing a framework for program approach and implementation. Effective sector plans define needs, set priorities, and identify target groups for government and private sector attention. Planning requires skills to analyze the service delivery environment (as with market segmentation studies) and design policy and program improvements (as with implementation of decentralized management and expanded participation of NGOs). The need to make good use of scarce financial and human resources links planning to finance and resource allocation. Who pays for programs, what staff (public or private) work in them, and how efficiently do money and time get spent are key questions facing governments and private entities with which the POLICY Project works.

Work on planning and finance contributes to the following components POLICY's SO:

- *National and subnational policies, guidelines, and plans developed in support of FP/RH*
- *Financial and other resources mobilized for FP/RH needs*

The element also contributes significantly to the achievement of three IRs:

IR3 More effective planning for FP/RH

IR4 Improved financing for FP/RH

IR5 Information used for policy and program development

The following Planning and Finance activities support the project's SO and IRs:

National and subnational policies, guidelines, and plans developed in support of FP/RH.

During the next year, the Planning and Finance element will be working at the global, regional, and national levels to improve planning processes by emphasizing the importance of financing as an element of priority setting. These efforts will build on the Costing Cairo activity of FY98.

1. The Planning and Finance element will complete a presentation on the latest draft of the *Value for Money* document for the Cairo+5 meetings in The Hague. The draft document will be circulated widely for comments. The final version will be disseminated to international audiences.
2. The Planning and Finance element will support Costing Cairo activities that may include regional and national workshop/seminars to build support for invigorated assessments of RH financing. These meetings will provide a forum for discussing the potential for improving RH financing and developing short-term action plans to achieve POLICY Project results IR4 and SO(c).

Financial and other resources mobilized for FP/RH needs. The POLICY Project facilitates policy processes to enlarge the amount of resources used in implementing RH programs. Through TA to country-level programs, the element will continue efforts that lead to more rational use of current resources, enlargement of host-country budgets, increased user fees, and increased private sector shares of service delivery.

More effective planning for FP/RH. The element continues to support efforts to improve the planning process by increasing the use of data, involving a broader range of stakeholders, considering costs and resources, evaluating impact and feasibility, and laying out roles and responsibilities for implementation. Priority setting involves a systematic process of looking at a range of RH interventions and picking those that are feasible and will have the greatest impact. The element's work in decentralized

planning emphasizes involving local planners and stakeholders and using data about local needs and resources to develop plans that will better stimulate local development. The HIV epidemic has come on with great force at a time when many donors are reducing support, which calls for careful selection and planning of prevention and treatment responses to the disease.

Improved financing for FP/RH. The POLICY Project facilitates policy processes that seek to enlarge the amount of resources used in implementing RH programs. Effective policies also ensure that available resources are used to best effect. The POLICY Project works with governments to incorporate cost, cost-effectiveness, cost-benefit, and budget and expenditure analyses into RH policy and planning processes. The project also supports policy efforts to enlarge the role of the private for-profit and not-for-profit sectors for RH services. Once again, maximum impact requires effort at the country level. The Planning and Finance element will continue to provide TA to country programs in this regard. Continuing efforts will include the implementation of key institutional reforms that will lead to increased mobilization of resources.

Information used for policy and program development. The POLICY Project supports information development and use in support of planning and finance reform. The Planning and Finance element will continue to provide TA for country activities, including the preparation of background papers in support of planning exercises, market segmentation reports, reports on innovative financing, FP/RH expenditure studies, analysis of poverty groups in the face of economic decline, and so forth. The element will also support the following global efforts:

- Completion of a series of papers on RH financing in Uganda, which will explain in detail the country's situation with particular reference to general, global financing issues, including costs, funding gaps, and donor-government relations. This series of papers will be useful to present at the regional presentations described above.
- Preparation of a synthesis of POLICY Project experience relative to market segmentation and public sector targeting of subsidies. POLICY and other USAID projects have made great strides in developing policy approaches for defining appropriate public and private roles in the delivery of FP services. The study will be used to design future market segmentation activities by host-country governments and implementing agencies of bilateral donors.
- Documentation of the planning processes in Bolivia, Mexico, and Nepal to capture lessons learned for future use in other countries. The planning processes in these countries will be highlighted as examples of planning and finance integration. These studies will help guide future RH planning activities.

RESEARCH

The POLICY Project supports research and skill-building activities that help policymakers understand the critical issues underlying FP and RH needs and effective policy and programmatic responses. FY99 activities will focus on monitoring ongoing studies from Rounds 1 and 2 of the Global Policy Research Program. Emphasis will also be on completing several internal research studies, providing assistance to country-level research activities, launching a *Research Highlights* publication series, and disseminating research results through the production of synthesis reports of POLICY-funded research.

The Research element contributes to POLICY's SO primarily through IR5.1, *Increased critical information base*. Activities in FY99 that will contribute to IR5.1 follow.

Global Policy Research Program—Commissioned Studies. Research staff will monitor the 12 research studies that are either ongoing or expected to begin in FY99. One global study was completed in FY98, and it is anticipated that two additional studies will be completed in FY99.

Global Policy Research Program—Internal Studies. The Research element will also support studies carried out by POLICY staff on topics directly related to the project's priority research themes. Results from these studies will be used to support policy dialogue and formulation and planning/finance activities in the field. Proposed studies are described below.

- ***Contraceptive Method Choice in Developing Countries.*** (Approved in 1997 and initiated in 1998.) This study uses the series of program effort scores and a databank of national surveys of contraceptive use and related variables to examine the issue of wider choice of contraceptive methods and policy changes needed to advance the issue. The study explores the relationship between the mix of contraceptive methods by level of contraceptive prevalence and region. Planning personnel and program managers will benefit by knowing what combination of methods is typical by level of contraceptive prevalence and region, and what appears to be the upper limit of use of specific methods. Results of this analysis will help establish the importance of wide method choice for various outcome measures.
- ***Analysis of Unmet Need and Its Impact for Postpartum/Postabortion Programs.*** DHS data from 15-20 countries are being used to examine the level of unmet need for contraception among women in the postpartum period and to explore characteristics of these women in terms of fertility and FP desires, preferences for service types, and preferred contraceptive choices. The results should demonstrate the increased relevance of postpartum (and potentially postabortion) programs, and may suggest changes in service delivery mechanisms that could decrease unmet need. Such findings will be useful for POLICY work in countries seeking more effective and efficient means of addressing the problem of unmet need.

Dissemination. In anticipation of the completion of the commissioned research studies and as a means to showcase country-level research studies, the Research element will focus on disseminating POLICY-funded studies through a *Research Highlights* publication series. *Research Highlights* will consist of one to two-page synopses of completed country-level and internal global research studies, emphasizing policy-relevant implications and uses of research findings. Ultimately, the series will summarize the results from the commissioned studies. In addition, the Research element will prepare synthesis reports on studies that fall under the five priority research themes identified for POLICY. It is anticipated that at least three of these reports will become POLICY Working Papers.

EVALUATION

Core funding is needed to continue to expand evaluation activities for the last two years of the project. The projectwide results framework and supporting indicators have laid the foundation for element and country planning, and the “workbook” will facilitate compilations of country activities for the annual workplan and country-level results for the semi-annual reports.

The challenge will be to implement data collection for evaluation and documentation of the achievement of results. Individual “country files” will be set up in Washington, which will include copies of workplans (already filed in the project’s resource collection),¹ updated workbooks, and documentation of results achieved (such as official notices of new laws and policies; national budgets showing line items for FP/RH; results of repeated applications of the Policy Environment Score; and other concrete evidence of indicators specified in the workplan).

Specific evaluation activities to be conducted this year include the following:

- Monitoring country and element evaluation activities, including TA to country teams where needed;
- Collecting data for results indicators in special cases with cross-country possibilities and where field support is inadequate;
- Maintaining country files and translating supporting documentation into English as needed; and
- Designing cross-country analyses addressing the issue, *Does policy matter?*

¹ See Appendix B for a listing of available country workplans.

AFRICA

Senega Sahel/CERPOD

Mali

Benin

Ghana

Ethiopia

Kenya

REDSO/WCA

Tanzania

REDSO/ESA

Malawi

Zambia

Mozambique

Zimbabwe

South
Africa

BENIN

Status
<p>Socioeconomic conditions in Benin are poor. Benin's total fertility rate (TFR) and modern contraceptive prevalence rate (CPR) are estimated at 6.3 and 3.4 percent, respectively (1996 DHS). Benin is more pronatalist than many West African countries and, therefore, has not forcefully addressed the issue of population growth. RH in Benin is bleak, with maternal, infant, and child mortality rates among the highest in West Africa. Benin's HIV/AIDS situation, with one of the lowest HIV prevalence rates (3-4%), is not yet regarded as a national health and development problem.</p> <p>POLICY's overall objectives in Benin are to improve the policy environment for FP/RH, including HIV/AIDS control and prevention through activities focused on the AIDS Impact Model (AIM) analysis and dissemination; support for awareness and implementation of the National Population Policy; and support for capacity building and advocacy activities to the Beninese NGO community. POLICY's activities assist the National Aids Control and Prevention Program (PNLS), Ministry of Planning, in promoting and implementing the National Population Policy; and support the recently established 51-member Beninese Health NGOs Network (ROBS). In the past year, POLICY has completed the AIM and the DHS secondary analysis with the PNLS, initiated a population and development analysis and presentation, provided a full-time coordinator, and facilitated RH training activities for ROBS.</p> <p>Major activities for the next year (FY99) include the following:</p> <ul style="list-style-type: none"> • Training, TA, and small grants to ROBS in RH, organizational development, planning, and advocacy • TA and small grants to address legal and regulatory constraints in RH • AIM analysis of the HIV/AIDS epidemic and national and departmental-level dissemination • Development of regional DHS presentations and workshops on data for planning and decision making, to bring together civil society and the public sector at departmental level • Development and dissemination of a computer presentation on population and sustainable development issues
Staff
<p>Country manager: Charles Pill Local staff: Martin Laourou, Leopoldine de Souza, Justin Tossou Affiliated staff: Danielle Grant</p>
Funding as of September 30, 1998
<p>\$700,000 obligations to date \$488,059 expenditures to date \$221,941 balance</p>

PROJECT RESULT	Benin — PLANNED ACTIVITIES
SO(b): National and subnational policies, guidelines, and plans developed	Work with Comité de Suivre to develop advocacy plans to address regulatory barriers in conjunction with other NGO advocacy activities.
IR1 Effective advocacy for FP/RH	Provide TA to ROBS RH Network to implement RH policies. Provide small grants to network members to carry out advocacy activities. Organize meetings and forums, bringing together NGO representatives and decision makers.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Conduct advocacy training workshops to develop advocacy skills. Provide ongoing TA to implement advocacy campaigns. Conduct specialized training in AIM, PopDev, and DHS secondary analysis.
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	Conduct orientation meetings with NGOs to promote membership in ROBS. Support ROBS participation in Francophone Africa regional activities.
IR5 Information used for policy and program development	Design and conduct regional-level dissemination of DHS and secondary analysis workshops for regional and local decision makers and leaders. Disseminate AIM presentation and booklet through national and regional AIM workshops. Work with Min. of Plan and other counterparts to develop PopDev/RAPID/sustainable development presentation. Train counterparts, including NGOs, to disseminate PopDev to decision makers at all levels.

ETHIOPIA

Status
<p>Ethiopia has one of the most serious HIV/AIDS epidemics in the world. The Ministry of Health estimates HIV adult prevalence in 1997 at more than 7 percent, with an estimated 2.5 million individuals infected. With the overthrow of the Marxist-oriented government in 1991, Ethiopia undertook a radical program of decentralization, establishing semi-autonomous regional governments in nine regions. With decentralization, National AIDS Control Programme staff were reduced from more than 70 to three. Even now, the technical and administrative expertise needed to respond effectively to the epidemic is limited at the regional level. Ethiopia is such a poor country with so many problems that, despite the increasing seriousness of the epidemic, many leaders consider HIV/AIDS just one more problem among many. Awareness raising and constituency building are still critically important at both the national and regional levels. On the positive side, the country recently adopted a National AIDS Policy after years of deliberation. It is now critically important that Ethiopia implement policy and intensifies intervention efforts.</p> <p>In this environment, POLICY is undertaking activities to (1) promote an enabling environment for intervention through national and regional constituency building, observational travel, and policy dialogue; and (2) help institute and disseminate technically correct policy and strategies.</p>
Staff
<p>Country manager: Thomas Goliber Local staff: Ayele Belachew, Eleni Seyoum Affiliated staff: John Stover</p>
Funding as of September 30, 1998
<p>\$500,000 obligations to date \$123,243 expenditures to date \$378,757 balance</p>

PROJECT RESULT	Ethiopia — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	National AIM presentation; regional AIM presentation; observational travel.
IR2 Strengthened collaboration among government and nongovernmental sectors	Development of HIV/AIDS Network.
IR3 More effective planning for FP/RH	Dissemination of National AIDS Policy; development of guidelines for policy implementation.
IR5 Information used for policy and program development	Policy research agenda updated; AIDS Control Unit internet access.
IR5.1 Increased critical information base	National AIM presentation; regional AIM presentation.

GHANA

Status
<p>For the past 30 years, Ghana has had a population policy intended to curb population growth. Because Ghana had difficulty meeting the goals outlined in the original policy, a revised population policy was drafted and adopted in 1994. Signs of progress in meeting the objectives of the new policy have appeared. The 1993 DHS measured a decline in the TFR of more than one child per woman since 1988, and surveys conducted in 1995 and 1996 have shown continued progress.</p> <p>USAID/Accra's strategic objectives in the population and RH sector are to reduce fertility and increase the use of proven HIV/STD prevention interventions. The health program expects to realize these objectives by improving family health through reducing high-risk fertility and sexual behavior. The following four IRs need to be achieved to improve family health: (1) increasing the use of more effective FP methods; (2) improving the sustainability of FP services; (3) increasing the knowledge of HIV/AIDS transmission; and (4) improving the diagnosis and treatment of STDs.</p> <p>While progress has been made, much work remains. Unmet need and fertility are still quite high, as is the demand for assistance with policy analyses and presentations on emerging RH issues, such as adolescent RH (ARH) and AIDS. In addition, Ghanaian policymakers are increasingly focusing their attention on efforts to improve the efficiency and sustainability of RH services and to make better use of data in decision making. These and other efforts will require continued support from the POLICY Project.</p> <p>Specifically, the POLICY Project will undertake the following activities in Ghana in FY99:</p> <ul style="list-style-type: none"> • Provide training in advocacy and policy analysis skills • Work with the NACP to develop an AIM communication strategy and update the national AIM presentation • Conduct community participation/coordination activities • Develop regional and district-level RAPID analyses and presentations • Develop booklet on ARH and disseminate ARH policy and needs assessment • Develop relevant policy analyses with Ghanaian counterparts
Staff
<p>Country manager: Edward Abel</p> <p>Local staff: Benedicta Ababio, Kate Parkes</p> <p>Affiliated staff: Charles Pill, Danielle Grant, John Freymann, Thomas Goliber</p>
Funding as of September 30, 1998
<p>\$1,014,000 obligations to date</p> <p>\$680,051 expenditures to date</p> <p>\$333,949 balance</p>

PROJECT RESULT	Ghana — PLANNED ACTIVITIES
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Provide training in advocacy skills. Develop AIM communication strategy with the NACP.
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	Conduct community participation/coordination activities.
IR3 More effective planning for FP/RH	Assist in the development of a decentralization strategy. Finalize the national policy for AIDS/STDs.
IR5.1 Increased critical information base	Develop regional RAPID models. Prepare district-level RAPID/DHS/situation analysis presentations. Disseminate adolescent reproductive health policy and needs assessment booklet on adolescent reproductive health. Revise the GHANAPA Target-Cost Model. Conduct a contraceptive pricing study. Disseminate the 1998 Ghana DHS and the situation analysis.
IR5.1.2 Local capability to collect and generate information	Provide training in the use of SPECTRUM and in policy analysis skills.

KENYA

Status
<p>POLICY Project activities in Kenya are designed to (1) overcome key policy constraints that might hinder the implementation of Kenya's FP and AIDS programs; (2) develop institutional capabilities in key FP and AIDS organizations; and (3) contribute to the strategic and implementation planning process. These activities contribute to USAID/Nairobi's SO3, <i>Reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated family planning and health services</i>. POLICY will hire a full-time local (Nairobi-based) technical manager in November 1998 with expertise in RH, including HIV/AIDS, to provide technical and management oversight for all POLICY activities.</p> <p>POLICY staff also redesigned the Kenya workplan to support the current priorities of USAID/Nairobi and its partners, in particular the goals outlined in the Mission's new HIV/AIDS Program Design (1999–2004). During FY99, POLICY will carry out a large program of assistance in the following five broad substantive areas:</p> <ul style="list-style-type: none"> • Policy advocacy and planning for population and FP/RH • RH advocacy for youth • HIV/AIDS advocacy and policy development • Strengthening HIV/AIDS surveillance • Building capacity with district-level and networking institutions to provide leadership for AIDS prevention and care
Staff
<p>Country manager: James Kocher Local staff: Angeline Tennah Affiliated staff: John Stover, Carol Camlin, Cynthia Woodsong, others TBD</p>
Funding as of September 30, 1998
<p>\$828,000 obligations to date \$348,292 expenditures to date \$479,708 balance</p>

PROJECT RESULT	Kenya — PLANNED ACTIVITIES
SO: Improved policy environment for FP and RH programs	Complete analysis of baseline AIDS PES. Assist in the formation and activities of a parliamentary subcommittee on HIV/AIDS.
IR1 Effective advocacy for FP/RH	Assist (through local subcontracts and TA) in the development of (1) a policy advocacy strategy to increase stakeholder participation in advocacy for AIDS prevention and care; (2) an advocacy presentation on “Adolescents and HIV/AIDS” for use by key leadership groups; and (3) an FP/RH advocacy program using KDHS-III results and updated population, FP, and FP resource requirements projections.
IR2 Strengthened collaboration among government and nongovernmental sectors	Conduct a seminar for District-level AIDS Committees (DIACs) (membership includes NGOs) to review DIAC Terms of Reference, identify training priorities, and develop a national DIAC training plan. Conduct DIAC pilot and TOT workshops (2-3) on increasing awareness of the HIV/AIDS epidemic at national and district levels, advocacy, strategic planning and networking, and materials development.
IR4 Improved financing for FP/RH	Work with Kenyan partners to complete the FP expenditures and costing study, produce new FP resource requirements projections, incorporate the new projections and data into national policy and planning documents, and initiate a RH financial analysis.
IR5 Information used for policy and program development	Assist NCPD and MOH to update population and FP projections using SPECTRUM and 1998 KDHS-III data. Assist Kenyan partners to develop an advocacy strategy for updated projections and KDHS-III data and a plan for incorporating projections into national policy and planning documents. Conduct an HIV/AIDS research-agenda setting workshop.
IR5.1 Increased critical information base	Prepare and publish FP projections and projections of FP resource requirements. Provide TA to strengthen the HIV/AIDS sentinel surveillance system. Assist with HIV/AIDS data analysis; preparation and publication of updated HIV/AIDS estimates and projections; and revision, publication, and dissemination (nationally and to all districts) of the “AIDS in Kenya” booklet.

MALAWI

Status
<p>The government of Malawi has requested Mission assistance in developing its “National Strategy to Address the HIV Epidemic in Malawi, 1999–2004.” POLICY’s role is to support the National AIDS Secretariat (NAS) in implementing its planning process to (1) create a consultative and participatory mechanism that includes all segments and levels of Malawi society in the planning process; (2) increase the capacity of stakeholders in discussing HIV/AIDS and its likely impact on society; (3) build capacity to analyze and develop recommendations that address policy and programmatic issues and priorities; (4) develop strategic planning skills; (5) develop effective advocacy skills in support of HIV programs; (6) support the adoption of the new national strategy and generate political support and resources for its implementation; and (7) strengthen capability to implement the plan.</p> <p>A POLICY assessment visit developed a scope of work focusing on two activities: (1) assistance to the NAS in developing the national strategy and (2) assistance in developing advocacy skills to support dissemination, awareness raising, and commitment to HIV/AIDS policies and programs. A subcontract with the NAS was developed to support Phases II and III of the consensus building and strategy preparation process. The first activity under the subcontract, “A Master Training Advocacy Workshop,” was carried out in Lilongwe, September 27–October 1, for 27 participants from all regions of Malawi.</p> <p>During FY99, master trainers will conduct four regional advocacy workshops. Other activities will include TA for the development of elements of the national strategy, including monitoring and reporting plans, information management, and evaluation; assistance in the synthesis and presentation of interim findings and recommendations to stakeholders and decision makers in order to ensure ongoing participation and ownership of the plan; support for review meetings, planning meetings, and workshops with interested stakeholders to ensure wide participation and involvement in the planning process; support for six additional workshops to present the draft national HIV/AIDS strategy to stakeholders; and support for presentations to be made to the National AIDS Council, cabinet, Parliament, and other policymaking groups.</p>
Staff
<p>Country manager: Bob Hollister Affiliated staff: Kevin Osborne, Sylvia Abrahams (consultant)</p>
Funding as of September 30, 1998
<p>\$350,000 obligations to date \$94,830 expenditures to date \$255,170 balance</p>

PROJECT RESULT	Malawi — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	Conduct four regional advocacy workshops.
IR2 Strengthened collaboration among government and nongovernmental sectors	Conduct workshops with interested stakeholders to ensure wide participation and involvement in the planning process.
IR3 More effective planning for FP/RH	TA for the development of elements of the national strategy.
IR5.1 Increased critical information base	Presentations to be made to the National AIDS Council, cabinet, Parliament, and other policymaking groups.

MALI

Status
<p>In September 1998, USAID/Bamako requested that POLICY assess the development of Mali's operational policy in the population and health sector within the context of the country's Youth Strategic Objective. RH, child survival, and nutrition indicators all signal grave problems for the health of families in Mali. In 1990, the government adopted policy reform to support the implementation of a community-managed (and financed) essential package of preventive and curative care-plus-health promotional activities. A 10-year health sector plan (1998-2007) and a five-year implementation program (PRODESS) are now in place, which will fully operationalize this approach. However, the diversity of the country and of community needs and resources make implementing the decentralized policy complex. Of the multiple policy areas in which USAID/Bamako is most interested, the POLICY assessment team selected the following priority themes that reflect where POLICY support could have impact and where the project has comparative advantages relative to other CAs:</p> <ul style="list-style-type: none"> • Decentralization: assistance with community health policy • Focus on youth: development of advocacy tools for young adult policy development • Policy formulation: assistance with nutrition policy <p>POLICY has proposed the following activities to the Mission:</p> <ul style="list-style-type: none"> • Integrate NGOs into the development of the Youth RH Model and prepare presentations for use in advocacy • Provide TA to MOH Planning Unit (CPS) to develop a short-term national nutrition workplan • Develop Youth RH Model with MOH counterparts • Carry out studies on (1) use of community-level health centers, especially by youth; and (2) legal and regulatory analysis of community health center status
Staff
<p>Country manager: Bill Winfrey Affiliated staff: Janet Smith, Danielle Grant, Norine Jewell</p>
Funding as of September 30, 1998
<p>\$200,000 obligations to date \$ 2,203 expenditures to date \$197,797 balance</p>

PROJECT RESULT	Mali — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	Integrate NGOs into development of Youth RH Model and prepare presentations for use in advocacy.
IR3 More effective planning for FP/RH	Provide TA to MOH Planning Unit (CPS) to develop short-term national nutrition workplan. Develop Youth RH Model with MOH counterparts.
IR5.1 Increased critical information base	Carry out studies on (1) use of community-level health centers, especially by youth; and (2) legal and regulatory analysis of community health center status.

MOZAMBIQUE

Status
<p>USAID/Maputo's IR, <i>Improvement of planning and budgeting systems</i>, is an essential prerequisite to achieving the Mission's SO3, <i>Increased use of essential MCH/FP services</i>. POLICY can contribute toward this goal by helping build capacity among policymakers for effective planning as well as increasing awareness of FP/RH issues (including HIV/AIDS) at the government and popular levels. Recently, Mozambique has been the site for various data collection activities. The DHS, the national census, and the National Household Survey were carried out in 1997, from which the results and data will be available for use in the latter half of 1998. Thus, there is a growing demand among policymakers in the country for training in the use of information for priority-setting based on the available information. The HIV/AIDS situation in Mozambique is also becoming a serious issue, attributed to greater mobility of individuals within the country and across neighboring countries. Neighboring countries, such as Zimbabwe and Zambia, have alarming rates of HIV prevalence; and it is a matter of time before Mozambique succumbs to the epidemic as well, an issue of extreme concern to the Mission and to policymakers in the country.</p> <p>In response, POLICY, which has already carried out various activities in Mozambique to address these concerns, has also planned various training sessions to build capacity among national and provincial-level staff in the use of information. POLICY will also work closely with the National AIDS Control Program to improve awareness and understanding of HIV/AIDS among policymakers. Building advocacy skills and networks among NGOs and the public sector is an additional focus of POLICY's activities in Mozambique.</p>
Staff
<p>Country manager: Sumathi Subramaniam Affiliated staff: Frances Houck, Mary Scott, Karen Foreit</p>
Funding as of September 30, 1998
<p>\$662,000 obligations to date \$197,246 expenditures to date \$464,754 balance</p>

PROJECT RESULT	Mozambique — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	Design and conduct workshop at the provincial level to advocate effectively for FP and RH issues.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Design and conduct workshop at the provincial level for training in advocacy skills; design and conduct TOT in advocacy.
IR5 Information used for policy and program development	Apply the AIM. Prepare presentations and print brochures of the AIDS situation for dissemination purposes. Conduct AIM dissemination seminars at the national and provincial levels.
IR5.1 Increased critical information base	Train government personnel in the secondary analysis of DHS data. Train counterparts in updating the RAPID slideshow with new data from the DHS and census. Provide SPECTRUM training to government counterparts. Create provincial-level model to demonstrate the effects of population growth. Train personnel in the National AIDS Control Program in the AIM application. Provide TA to provincial health personnel to identify priority areas for intervention using DHS data.

REDSO/ESA

Status
<p>POLICY is partnering with USAID/REDSO/ESA and USAID/AFR/SD to implement the Postabortion Care (PAC) Initiative for East and Southern Africa (ESA). POLICY activities aim to increase investment in PAC in ESA countries by improving the availability and use of information about unsafe abortion and PAC, and expanding partnerships and networks.</p> <p>Attention to PAC in the region has increased significantly in the past two years since POLICY activities began. POLICY's partnerships and networking with other CAs, advocacy activities with USAID/W, and facilitation of regional forums have produced PAC activities and allocation of funds. As a result of POLICY's assistance to Marie Stopes/Tanzania in updating its health services information system, USAID/Dar es Salaam has included postabortion FP acceptance as an indicator in its results package.</p> <p>POLICY has expanded and strengthened networks of advocates, technical experts, donors, and policymakers throughout the region. As a result of the POLICY-sponsored study tour to Ghana on the training of midwives in PAC, participants from Ghana, South Africa, Tanzania, Uganda, and Zambia continue to exchange information and ideas. They have formed the core of a regional PAC planning network. In Zimbabwe, POLICY is working to broaden the PAC network through its work with social theatre groups.</p> <p>In FY99, POLICY will work in Zimbabwe with Amakhosi Theatre to launch an advocacy demonstration project; partner with the PRIME Project to expand PAC services in Kenya through private midwives; assist Missions in initiating and strengthening PAC programming; and host a regional forum to share information and lessons learned.</p>
Staff
<p>Country manager: Susan Settergren Affiliated staff: Cynthia Woodsong, Carol Camlin</p>
Funding as of September 30, 1998
<p>\$900,000 obligations to date \$500,140 expenditures to date \$399,860 balance</p>

PROJECT RESULT	REDSO/ESA — PLANNED ACTIVITIES
SO(c): Financial and other resources mobilized for FP/RH needs	Conduct PAC needs assessments in one or two additional countries.
IR2 Strengthened collaboration among government and nongovernmental sectors	Provide research support to the Zimbabwe PAC advocacy demonstration project. Network and coordinate with USAID PAC Working Group and the CAs' PAC Consortium.
IR5 Information used for policy and program development	Provide advocacy support to the Kenya PRIME training project. Host a regional forum to share information and lessons learned among countries in the region.

REDSO/WCA

Status
<p>WCA countries are characterized by high fertility, low contraceptive prevalence, significantly higher use of traditional than modern methods, substantial demand, high maternal mortality, and significant levels of HIV transmission and AIDS. The policy environment is ambiguous; RH services are delivered primarily through a resource-poor public sector and NGOs and the commercial sectors offer only limited services. Francophone countries share many similar policy and legal obstacles to population/RH efforts. Historically, there has been little systematic or participatory planning and policymaking in the public sector; and the nongovernmental sector has little experience in influencing a frequently obscure decisional process. There are emerging within the region professionals and long-time advocates in the population and RH fields, many of whom are in regional institutions, including the IPPF. A hallmark of POLICY's approach for FY99 will be to integrate regional partners into its efforts and to ensure the transfer of technology and skills to these collaborators as well as to counterparts at the country level. This will require overcoming the severe constraint to routine communication and collaboration (i.e., the highly weak infrastructure supporting telephone, fax, and e-mail systems; the difficulties and expense of travel among countries; and the disproportionate expenses of lodging and conference sites within countries). During FY98, POLICY focused on extensive analysis and dissemination of DHS to increase understanding of RH needs. In FY99, POLICY will focus on the following activities:</p> <ul style="list-style-type: none"> • Advocacy: All countries will benefit from basic training, TA, and minigrants to consolidate their organizations and begin to apply skills and tools. Activities will be conducted in seven or eight countries with institutional partners whose direct travel expenses will be subsidized. Five regional and eight country-level meetings, seminars, and workshops will be carried out. Other products will include training in advocacy, an analytical report of advocacy and legal-policy barriers to population/RH in Francophone countries, and a long-term plan for improving the Francophone policy environment for Pop/RH. • Data Analysis and Use: Most activities will be related to introducing DHS and providing basic training in the use of data for policy and decision making. Activities will be carried out closely with SPFS and will include three regional training workshops and six in-country seminars and workshops, as well as extensive DHS secondary analyses and preparation of reports and presentations for use in dissemination and training. Other products will include analytical reports and graphic presentations on contraceptive demand and unmet needs in Francophone Africa. During regional and in-country activities, every opportunity will be taken to organize appropriate policy dialogue events aimed at decision makers at every level as well as to promote general awareness-raising regarding the importance of population/RH.
Staff
<p>Country manager: Norine Jewell Local staff: Justin Tossou (LTA), Ismail Thioye (consultant) Affiliated staff: Nicole Bella (consultant), others TBD (DHS analysis, graphic presentations, SPECTRUM experts)</p>
Funding as of September 30, 1998
<p>\$650,000 obligations to date \$414,363 expenditures to date \$235,637 balance</p>

PROJECT RESULT	REDSO/WCA — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	Award eight minigrants. Support IPPF/CERPOD/CEFA collaborative activities: two regional seminars and planning meetings on Policy Barriers; two regional advocacy training workshops; and eight in-country TA and training visits. Provide resource documents to advocacy groups. Participate in other regional advocacy training events (e.g., Benin ROBS Advocacy training). Conduct regional AIM workshop for awareness raising on HIV/AIDS.
IR3 More effective planning for FP/RH	Conduct regional workshop on effective data use and EASEVAL training. Conduct in-country workshop (country TBD) to exploit DHS data for specific purpose of strategic planning in RH services.
IR5 Information used for policy and program development	Conduct seven high-level policy dialogue events throughout the region using key findings from data (to be scheduled during other planned POLICY events).
IR5.1 Increased critical information base	Conduct secondary analysis of all recent (96-98) DHS surveys. Prepare narrative reports, tables, graphic presentations, and brochures. Conduct two in-country introductory one-day seminars on findings of DHS secondary analysis to date (Togo, Cameroon). Conduct regional seminar to present results of DHS secondary analysis to SPFS and country counterparts, finalize report. Disseminate recent DHS secondary analyses and trends (production, distribution of report) to key audiences. Present DHS analyses in other regional events (e.g. national Benin AIM Conference).
IR5.1.2 Local capability to collect and generate information	Conduct regional training in SPECTRUM system (Demproj, RAPID, FamPlan). Conduct four in-country workshops (one for each REDSO country) with follow-up TDY to conduct in-depth DHS/other data analysis to meet a need identified by counterparts in each country.

SAHEL/CERPOD

Status
<p>CERPOD (Center for Population and Development Research), an institution of the CILSS (International Committee to Fight the Drought in the Sahel), has as its role to "...stimulate innovations to lessen demographic barriers impairing sustainable development in the Sahel..." With this goal in mind, CERPOD organized the first CILSS Population Ministers' Conference in Ouagadougou in October 1997. POLICY assisted CERPOD in drafting the conference platform, based on country reports that included input from local NGOs resulting from a series of POLICY-sponsored forums. The Ouagadougou Plan of Action, which was cosigned by the nine CILSS ministers, follows the ICPD Program of Action, adapted it to the Sahelian context. During the conference, NGOs held an impromptu forum and requested permanent representation at the CILSS Secretariat.</p> <p>In collaboration with CERPOD, POLICY is following up on implementation of the Ouagadougou Plan of Action. During FY98, small grants were awarded to seven NGOs in the CILSS region to conduct conference-feedback forums and to publish information bulletins of the conference proceedings. Also, CERPOD and POLICY developed a brochure summarizing the conference proceedings and the Ouagadougou Plan of Action. Also in FY98, CERPOD and POLICY organized a follow-up meeting of the Ouagadougou NGOs to summarize their experience with the feedback forums. Participants decided to form a loose regional network, electing Mali to represent the FP/RH NGO network at the CILSS.</p> <p>Challenges for FY99 include continuing support and strengthening the NGO regional network, initiating interest in parallel networks of journalists and parliamentarians, and creating opportunities for collaboration among the regional networks. Specific activities planned for FY99 include meetings of journalists' networks in Senegal and parliamentarians' networks in one of the CILSS countries; training in PowerPoint; and preparation of advocacy materials for RH/population. Also, POLICY will continue to support networking among NGOs by awarding small grants to stimulate RH and population advocacy activities in the region.</p>
Staff
<p>Country manager: Nadine Burton Local staff: CERPOD is the collaborating agency for this workplan and Keffling Dabo is the point person for the POLICY/CERPOD collaboration. Affiliated staff: Susan Homer</p>
Funding as of September 30, 1998
<p>\$345,000 obligations to date \$214,710 expenditures to date \$130,290 balance</p>

PROJECT RESULT	Sahel/CERPOD — PLANNED ACTIVITIES
IR1.1 Enhanced capability of networks and NGOs to represent communities	Small grants for forums and the development of FP/RH advocacy materials.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	PowerPoint training workshop. FP/RH presentation skills workshop. NGO network small grant to support regional coordination. Parliamentarian network workshop. Journalist network workshop.

SENEGAL

Status
<p>POLICY's strategic objective in Senegal, <i>Improved policy environment for family planning and reproductive health programs</i>, specifically includes development of strategic plans at the decentralized level, strengthened popular and political support, and formulation of policies in support of FP/RH. The government of Senegal began a decentralization process in January 1997, and much of POLICY's work is focused on generating support for RH and improving planning at the decentralized level. Whereas regional government technicians are responsible for providing TA to municipal elected leaders, POLICY is working to strengthen the capabilities of these technicians and to enhance dialogue between technicians, elected leaders, and civil society. POLICY has provided training to technicians in the use of the SPECTRUM system in order that they can provide local leaders with reasonable population projections for planning purposes. In FY99, POLICY will train technicians from one additional region. In one region, POLICY will carry out a strategic planning exercise with regional technicians and elected leaders from five communities, which will serve to develop a model for local planning that can be replicated in other communities. POLICY will also support RH "fairs" where government technicians and NGOs will be able to share information with elected leaders and develop contacts for future collaboration. Also, POLICY has funded a study in 60 communities to determine current levels of support for RH at the decentralized level and to better understand planning processes. Findings from this study will be presented nationally and in four regions, and a specific plan of action will be developed nationally and in the regions.</p> <p>Strengthened support and improved policies are closely related. To strengthen support, POLICY has been disseminating presentations, developed under the RAPID Project, showing the importance of FP for health and other sectors of development. In the coming year, POLICY will be providing support for the dissemination of a presentation on Islam and population to religious leaders, and a health model to health personnel. The primary policies that the project seeks to affect are those limiting contraceptive distribution through community-based distribution (CBD) and social marketing. POLICY funded a study of barriers to CBD and social marketing and will be supporting the presentation of the study's findings and development of appropriate strategies. To address these barriers and those to RH, the project has supported the creation of a network and will be training its members in advocacy skills.</p>
Staff
<p>Country manager: Ellen Wilson Local staff: Allé Diop, Badara Seye Affiliated staff: Nadine Burton, Volkan Cakir</p>
Funding as of September 30, 1998
<p>\$899,000 obligations to date \$571,559 expenditures to date \$327,441 balance</p>

PROJECT RESULT	Senegal — PLANNED ACTIVITIES
SO(a): Political and popular support strengthened	Continued financial support for dissemination of four regional presentations on population and development, one Islam and population presentation, and one health personnel presentation.
SO(b): National and subnational policies, guidelines, and plans developed	Support identified activities to overcome barriers to CBD and social marketing. Support refinement of decentralization texts.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Train and support network in identification of priority issues and development of an advocacy plan.
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	Support formation of advocacy network of NGOs and individual stakeholders.
IR2 Strengthened collaboration among government and nongovernmental sectors	Hold workshops to discuss and clarify roles. Organize RH fairs.
IR3 More effective planning for FP/RH	Hold planning workshops at regional level. Support locally elected leaders' associations in providing TA to municipal councils.
IR5 Information used for policy and program development	Conduct workshop to present findings of CBD and social marketing assessment and develop strategies to overcome obstacles. Present findings of locally elected leaders survey.

TANZANIA

Status
<p>POLICY is working with the Reproductive and Child Health Unit (RCHU), other MOH preventive services programs, and the National AIDS Control Programme Secretariat to develop supportive policies and plans for FP/MCH and HIV/AIDS. Activities focus on improving the use of information for policy development and program management, conducting effective advocacy, and strengthening partnerships in RH.</p> <p>POLICY has played a key role in facilitating the development of an RH framework for both MOH and USAID program strategies. Past activities included key informant interviews and workshops with MOH program managers to address the integration of preventive programs with health sector reform, thus stimulating an MOH reorganization resulting in the transformation of the Family Planning Unit into the RCHU. POLICY is now working with the RCHU to promote its five-year strategy at all levels of the health care system. USAID/Dar es Salaam is currently redefining its population and health program strategy (SO1), using a broad participatory approach. POLICY helped design participatory processes for developing the USAID strategy and assisted the MOH articulate its priorities and programs in RH, health sector reform, and HIV/AIDS to USAID and other partners. It has also advised USAID on the development of policy indicators for the SO1 results package. In the coming year, POLICY will administer the Policy Environment Score in AIDS and FP/MCH for USAID and POLICY results reporting and development of an RH policy agenda.</p> <p>POLICY is working with the National AIDS Control Programme to strengthen its multisectoral approach to HIV/AIDS prevention and care. Activities included facilitation of the multisectoral strategic planning process (involving over 20 sectors) and development of advocacy materials for the strategy. In the coming year, POLICY will conduct a series of advocacy and advocacy training workshops in HIV/AIDS and other RH areas. Workshops will be designed to promote public-private sector partnerships at the national, district, and community levels.</p>
Staff
<p>Country manager: Susan Settergren Local staff: Peter Riwa (consultant), Dr. Saidi Kapiga (consultant), others TBD Affiliated staff: Kevin Osborne</p>
Funding as of September 30, 1998
<p>\$750,000 obligations to date \$221,513 expenditures to date \$528,487 balance</p>

PROJECT RESULT	Tanzania — PLANNED ACTIVITIES
SO(b): National and subnational policies, guidelines, and plans developed	Facilitate development of a RH policy agenda.
IR1 Effective advocacy for FP/RH	Conduct a series of advocacy and advocacy training workshops in RH for key players and stakeholders.
IR2 Strengthened collaboration among government and nongovernmental sectors	Conduct/facilitate a workshop to review the USAID SO1 results package, report progress and build/strengthen teams (with all partners).
IR5 Information used for policy and program development	Develop a user-friendly guide and presentation materials on the National AIDS Control Programme strategy. Adapt and administer the AIDS Policy Environment Score and the FP/MCH Policy Environment Score.

ZAMBIA

Status
<p>Zambia is undergoing a radical set of health reforms that are restructuring the entire health sector. These health reforms are characterized by the decentralization of health planning and service delivery to the country's 72 districts and by the intent to provide a basic essential package of health services to all Zambians. The essential package represents a utilitarian public health philosophy—with limited resources, the greatest amount of health care to the largest number of Zambians. Successful implementation of the health reforms or lack thereof will affect all health services, including RH. The Zambian environment is also characterized by one of the worst HIV/AIDS epidemics in the world. Adult HIV prevalence is nearly 20 percent and the epidemic threatens the social fabric of the country. Constituency building remains important, but the cutting edge of HIV/AIDS policy work is strategic planning for focused interventions, particularly at the district level.</p> <p>Early in the project, POLICY focused on assisting the Ministry of Health and Central Board of Health present their strategic visions of the health reforms and accomplishments to date. More recently, POLICY has centered its activities on the development and use of the AIDS Impact Model (AIM) and on training in district-level strategic planning. However, POLICY has largely completed its assignments in Zambia. During the present workplan period, POLICY will provide a few days of follow-up support for developing HIV/AIDS strategic plans in selected districts. The expectation is that counterparts will continue to use POLICY-assisted training and materials to present the health reforms, put the AIM and book to effective use, and develop district strategic plans.</p>
Staff
<p>Country manager: Thomas Goliber Local staff: Robie Siamwiza</p>
Funding as of September 30, 1998
<p>\$600,000 obligations to date \$595,358 expenditures to date \$ 4,642 balance</p>

PROJECT RESULT	Zambia — PLANNED ACTIVITIES
IR3 More effective planning for FP/RH	Small amount of follow-up support for development of HIV/AIDS district strategic plans.

ZIMBABWE

Status
<p>The POLICY Project is working with the National AIDS Control Programme (NACP) and the Zimbabwe National Family Planning Council (ZNFPC) to develop a supportive environment for RH and HIV/AIDS. POLICY Project activities are designed to result in (1) strengthened political and popular support, (2) effective advocacy on behalf of FP/RH and HIV/AIDS programs, and (3) information used for policy and program development. These activities contribute to USAID/Harare's Strategic Objective (SO) 3, <i>Reduced fertility and increased use of HIV/AIDS prevention measures</i>, and Results Package (RP) 3, <i>Improved policies for reproductive health</i>.</p> <p>POLICY staff worked with the NACP to analyze HIV sentinel surveillance data, conduct an AIM application, and produce an advocacy booklet, "HIV/AIDS in Zimbabwe: Background, Projections, Impact, and Interventions." In September 1998, the Permanent Secretary for Health and Child Welfare launched the booklet. In his introductory remarks, Dr. Sikhosana said, "The document highlights the need for bold collective strategies which will create a supportive environment and facilitate the individual's and community's response to AIDS" (<i>The Herald</i>, September 17, 1998). Demand for the book is high and the ministry plans to distribute all 5,000 copies in the first few weeks following the launch. The ministry has requested, and the project has approved, the printing of an additional 3,000 copies. POLICY staff have also worked with the ZNFPC to complete the booklet, "Family Planning in Zimbabwe: Challenges in a Changing Environment." The analyses and the data presented for the RH and HIV/AIDS situations in Zimbabwe will provide an important base of information that will be used for policy and program development.</p> <p>POLICY staff will work with ZNFPC to print the FP booklet and train presenters to lead the dissemination effort. POLICY staff will also work with the NACP to (1) provide TA and training in HIV sentinel surveillance data analysis, (2) update AIM, (3) produce a second edition of the booklet "HIV/AIDS in Zimbabwe," (4) train presenters of the HIV/AIDS presentation, and (5) design and support a major dissemination program.</p>
Staff
<p>Country manager: Bob Hollister Affiliated staff: Kirsten Olson, Alan Johnston, John Stover</p>
Funding as of September 30, 1998
<p>\$552,000 obligations to date \$467,478 expenditures to date \$ 84,522 balance</p>

PROJECT RESULT	Zimbabwe — PLANNED ACTIVITIES
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Train presenters of the HIV/AIDS and FP presentations. Design and support a major dissemination program.
IR5.1 Increased critical information base	Disseminate advocacy booklets. Provide TA and training in HIV sentinel surveillance data analysis. Update AIM. Produce a second edition of the booklet “HIV/AIDS in Zimbabwe.”

ASIA/NEAR EAST

BANGLADESH

Status
<p>The POLICY Project's strategic objective for Bangladesh is to promote <i>increased sustainability of the Bangladesh family planning program</i>. To achieve this objective, POLICY is working to increase community involvement in family health, build consensus to increase the amount of resources for the family health program, and improve the capability of the government and NGOs to conduct cost-effectiveness analysis.</p> <p>POLICY has secured the services of Mr. Shamim Ahsan as Long-term Advisor, and will set up a POLICY/Bangladesh office. The primary responsibility of the POLICY long-term advisor initially will be to work closely with USAID/Dhaka to advance the policy issues associated with the Mission's program.</p> <p>POLICY is continuing TA to develop a Bangladesh Family Health Essential Services Package (ESP) model to help NGO program managers and government planners more efficiently allocate resources for competing, but essential, public health interventions, including FP, safe motherhood, child survival, and STD/HIV prevention. POLICY staff are working with the Technical Working Group (TWG) to conduct dissemination presentations to central planners in the Ministry of Health and Family Welfare (MOHFW) in order to establish an understanding of the usefulness of the model and secure their support for its eventual adoption by the MOHFW.</p> <p>POLICY is continuing to assist the MOHFW in developing a presentation about community participation in RH. Both the Mission and task force members have reviewed a draft of the presentation, which is being revised. A final version will be transferred to the National Institute for Population Research and Training (NIPORT) for dissemination. POLICY staff also worked with NIPORT to prepare a detailed dissemination, monitoring, and evaluation plan.</p>
Staff
<p>Country manager: Dennis Chao Local staff: Syed Shamim Ahsan Affiliated staff: Mary Scott, Margaret Pendzich</p>
Funding as of September 30, 1998
<p>\$800,000 obligations to date \$367,420 expenditures to date \$432,580 balance</p>

PROJECT RESULT	Bangladesh — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	The POLICY Long-term Advisor will advance policy issues associated with USAID/Dhaka's program of investment, including fostering implementation of operations research and incorporating data into programmatic decisions, promoting policy reforms, and strengthening coordination among the partner organizations. A finalized version of the community participation presentation will be transferred to NIPORT, which will assume the responsibility for dissemination, monitoring, and evaluation work.
IR2 Strengthened collaboration among government and nongovernmental sectors	The ESP Modeling TWG will continue to meet to discuss the implementation of the ESP Model. A team of government and NGO representatives, including MOHFW officials, professionals from Dhaka University, representatives from Pathfinder, ICDDR,B, and other NGOs will continue to meet to review the dissemination of the community participation presentation.
IR4 Improved financing for FP/RH	The TWG for the ESP Model will conduct the second dissemination presentation in November 1998 to policymakers in the MOHFW and conduct a training workshop in January 1999 for planners in the MOHFW on how to use the model in the preparation of next year's workplan. Work may also start to implement the ESP Model for the NGO sector.

EGYPT

Status
<p>USAID/Cairo's SO in the population/FP sector is to reduce fertility. Specifically, the Mission's SO is to reduce fertility from its 1995 level of 3.63 to 3.45 by 2001. Fertility reduction contributes in a number of ways to achieving the Mission goal of broad-based sustainable development with improved quality of life and is closely linked with the government's goal for the population sector, which is to achieve a TFR of 2.1 by the year 2015.</p> <p>In the past few years, the population sector in Egypt has experienced a great deal of upheaval. Responsibility for the population sector has shifted from the National Population Council (NPC) to the Ministry of Health and Population (MOHP). POLICY activities related to the institutional structure, development of strategies to address critical issues, and capacity of key organizations involved in the population sector need to be undertaken. Also, a renewed commitment by Egyptian policymakers is needed. In addition to building consensus and strengthening institutional capacities, USAID/Cairo places a high priority on improving the ability of the Egyptian FP program to continue raising contraceptive prevalence in a sustainable manner. Four program areas are critical to achieving this objective: financial sustainability, increased demand, improved quality of care, and operational policies that facilitate service delivery. The POLICY Project will provide assistance to the Mission in addressing policy aspects of these critical program areas. Major activities for the coming year include the following:</p> <ul style="list-style-type: none"> • Supporting the governorate-level strategic planning activities • Conducting high-level awareness-raising and policy analysis presentations • Providing training to government institutions to improve advocacy and policy analysis skills • Conducting high-level policy strategy meetings • Developing relevant policy analyses with Egyptian counterparts • Developing updated demographic, service delivery, and financial requirement projections • Providing assistance to the NPC Geographic Information System (GIS) for FP
Staff
<p>Country manager: Edward Abel Local staff: Mona Khalifa, Manal El-Fiki, El-Daw Suliman Affiliated staff: Jeff Jordan, John Ross, Betty Ravenholt (consultant)</p>
Funding as of September 30, 1998
<p>\$850,000 obligations to date \$836,555 expenditures to date \$ 13,445 balance</p>

PROJECT RESULT	Egypt — PLANNED ACTIVITIES
SO(b): National and subnational policies, guidelines, and plans developed	Provide financial and TA to governorate strategic planning activities. Disseminate the results of the governorate-level strategic planning evaluation.
IR1 Effective advocacy for FP/RH	Conduct high-level awareness-raising presentations. Conduct workshops to disseminate results from policy analyses.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Provide TA to government institutions to improve advocacy skills.
IR2 Strengthened collaboration among government and nongovernmental sectors	Liaise with other agencies/programs with leverage for achieving desired change. Conduct high-level policy strategy meetings.
IR5.1 Increased critical information base	Development of self-reliance strategies. Update legal and regulatory analysis. Increase understanding of FP demand by disseminating research studies on unmet need. Conduct private sector situation analysis. Examine experiences of other countries in expanding method choice. Measure the policy environment. Analyze trends in contraceptive prevalence. Update demographic/socioeconomic and develop service delivery and financial requirement projections. Enhance the NPC GIS for FP.
IR5.1.2 Local capability to collect and generate information	Provide TA to government institutions to improve policy analysis skills.

INDIA

Status
<p>POLICY has focused on policy formulation, district planning, operational policies, assessment of IFPS subcontracts, design and implementation of new systems and the development of new benchmarks for the Innovations in FP Services (IFPS) Project for FY98. Thus far, POLICY has initiated policy formulation work in three major states of India to ensure broader participation in policy formulation, integrate population policies with RH policies, improve political commitment to new policies, and disseminate new FP/RH policies and strategies. In April 1996, India made a revolutionary decision to abolish centrally prescribed quantitative targets for FP methods. POLICY conducted a major study to understand policy changes and consequences. POLICY is now conducting a study on implementation of target free systems in 11 major states of India.</p> <p>Uttar Pradesh, the largest state in India, has the highest TFR and the lowest contraceptive prevalence rate in India. FP performance in the past three years is declining, due mainly to barriers created by operational policies of the government. POLICY identified different operational aspects of the program and commissioned studies related to these areas. POLICY also continues its district planning work and is now helping the State Innovations in FP Services Agency (SIFPSA) with implementation of district action plans.</p> <p>POLICY completed rapid assessments of 10 projects designed to improve quality, access and demand of FP services in UP and the findings were used to conduct midproject assessment of the IFPS Project and to scale up activities of select private sector projects. POLICY is conducting more such assessments of private and public sectors projects and is developing a monitoring and evaluation plan for SIFPSA-funded projects.</p> <p>POLICY activities during FY99 will include the following:</p> <ul style="list-style-type: none"> • Completion and dissemination of 12 summary reports for the operational policy studies in Uttar Pradesh • Drafting of and gaining approval for the Rajasthan Reproductive and Child Health Policy • Continuation of studies on the impact of the target-free approach on FP program performance
Staff
<p>Country manager: Gadde Narayana Local Staff: D.K. Mangal, K.M. Sathyanarayana, Ashok Singh, J.S. Deepak, Yangchen Dolkar</p>
Funding as of September 30, 1998
<p>\$3,894,329 obligations to date \$2,344,509 expenditures to date \$1,549,820 balance</p>

PROJECT RESULT	India — PLANNED ACTIVITIES
SO(b): National and subnational policies, guidelines, and plans developed	Assist committee to draft RCH policy in Rajasthan and submit for approval. Develop presentations based on policy for council of ministers in Rajasthan. Disseminate policy in Rajasthan. Conduct workshops in Andhra Pradesh to disseminate contents of new population policy to senior administrators. Prepare and disseminate presentations to change operational policies in UP administrators.
IR2 Strengthened collaboration among government and nongovernmental sectors	Conduct workshops in Andhra Pradesh on population policies to NGOs, women's groups, and government officers for policy implementation.
IR3 More effective planning for FP/RH	Strengthen district planning in Uttar Pradesh. Initiate operational planning for Rajasthan MOHFW to reorganize department. Initiate planning activities for distributing contraceptives in Uttar Pradesh.
IR5.1 Increased critical information base	Conduct household survey in five districts of Uttar Pradesh with 5,000 samples on FP/RH indicators. Produce 12 summaries and presentations based on operational policy studies. Complete analysis of the target-free approach in 10 states. Collect and analyze source statistics to measure IFPS performance.
IR5.1.2 Local capability to collect and generate information	Issue subcontracts with local institutions to collect and analyze data. Involve local institutions such as IIMR, SIHFW, and PRC in Rajasthan and CHPP in Maharashtra in analysis update for policy formulation.

INDONESIA

Status
<p>In view of Indonesia's current economic and political crisis, POLICY is working with the National Family Planning Board (BKKBN) to address policy issues to promote Indonesia's maintenance of the contraceptive prevalence rate and to ensure continued access to contraceptives for Indonesia's poor and near poor. POLICY will also prepare a memorandum of understanding (MOU) and a workplan with the Ministry of Health (Depkes) centered on collaboration with its Crisis Response Center to address policy issues associated with minimizing the impact of the crisis on the health of poor and near-poor mothers and children.</p> <p>Working with Depkes and BKKBN, POLICY/Indonesia has launched five policy/crisis-related activities: an FP payment scheme study; a price-elasticity study; a client-based longitudinal field study related to the use of contraceptives and essential drugs during current crisis conditions; a nine-month, six "wave," provider-based tracking survey related to pricing and availability of contraceptives and essential drugs at 345 service delivery points throughout Indonesia; and a nine-month introduction of the Target-Cost Model into the annual planning processes of 11 target provinces.</p> <p>Working with an internal BKKBN management group, POLICY will use data from the POLICY-supported studies to define and introduce policy initiatives in response to indicated needs. In addition, following approval of the MOU with the Ministry of Health and the design of a 14-month workplan, POLICY will hire a local expatriate activity manager to work with the Crisis Response Center to define and implement policies designed to respond to the current crisis in the decline of health indicators.</p>
Staff
<p>Country manager: William Emmet</p> <p>Local staff: Erma Wati, POLICY/I Office Manager</p> <p>Affiliated staff: William McGreevey, John Ross</p>
Funding as of September 30, 1998
<p>\$2,904,000 obligations to date</p> <p>\$ 626,082 expenditures to date</p> <p>\$2,277,918 balance</p>

PROJECT RESULT	Indonesia — PLANNED ACTIVITIES
SO(c): Financial and other resources mobilized for FP/RH needs	Identify short-term consultant to assist with the Target-Cost Model training program to be offered in conjunction with the Service Delivery Expansion and Support (SDES) Project.
IR3 More effective planning for FP/RH	Prepare training materials for Target-Cost Model and training workplan. Implement training workplan.
IR5 Information used for policy and program development	Develop BKKBN/DepKes crisis-response coordination mechanism. Implement and monitor crisis-oriented research agenda. Analyze incoming data from research initiatives. Disseminate research data. Define policy alternatives related to research results.

JORDAN

Status
<p>Jordan has one of the highest population growth rates in the world as a result of high fertility in the past. The total fertility rate has declined from 7.4 in 1976 to 4.4 in 1997. Contraceptive prevalence is 33 percent for modern methods, with the private and NGO sectors providing two-thirds of FP services. The government program has been weak; however, in April 1996 the cabinet adopted a national population strategy. Efforts are now underway to revise the goals of the national strategy and develop a national implementation plan. Several women's groups in Jordan are working to improve conditions for women in Jordanian society. Most of these groups are long on enthusiasm and short on staff.</p> <p>POLICY's overall objective in Jordan is to improve the policy environment for FP/RH through activities to enhance the capabilities of the Jordan National Population Commission (JNPC) and the Jordan National Forum for Women (JNFW). POLICY's activities assist the JNPC revise the national population strategy, increase political support for FP/RH, develop a comprehensive implementation plan, and work with Jordanian women's groups to increase participation of women in the policy process. In the past year, POLICY supported the development and use of a RAPID presentation, completed a study on FP expenditures, supported capacity building for JNPC, helped develop research capacity at the Princess Basma Women's Resource Center, and prepared a presentation on the status of women in Jordan.</p> <p>Major activities for the coming year include the following:</p> <ul style="list-style-type: none"> • Continue efforts with USAID, JNPC, and the government of Jordan to develop the endowment for the JNPC • Complete an opinion survey of parliamentarians on population and FP • Disseminate the presentation on women's status • Implement the research program on women's issues at the Princess Basma Women's Resource Center • Conduct an in-depth analysis of the recent DHS, including a market segmentation analysis
Staff
<p>Country manager: John Stover Local staff: Issa Almasarweh Affiliated staff: Sue Richiedei, Bill Winfrey</p>
Funding as of September 30, 1998
<p>\$1,120,000 obligations to date \$ 688,353 expenditures to date \$ 431,647 balance</p>

PROJECT RESULT	Jordan — PLANNED ACTIVITIES
SO(a): Political and popular support strengthened	Complete an opinion survey of parliamentarians on population/FP/RH issues. Disseminate presentation on the status of women in Jordan.
SO(b): National and subnational policies, guidelines, and plans developed	Complete in-depth analysis of Jordan DHS with a focus on market segmentation and unmet need.
IR5.1.1 Local capacity for problem identification	Implement the research agenda for women's issues through the Princess Basma Women's Resource Center.
IR5.1.2 Local capability to collect and generate information	Complete work to establish an endowment for the JNPC.

MOROCCO

Status
<p>The national FP program is undergoing restructuring because of two major changes in its environment. First, USAID, the major donor for almost 30 years, is phasing out its assistance. The strategic framework for USAID intervention will be finalized by December 1998; nevertheless, both the government of Morocco and USAID have as priorities decentralization and private sector involvement. In addition, the second major change is the fallout of the ICPD. The government is concerned about issues of integration of RH in the national program, cost-effectiveness of RH interventions, expanding private sector participation, and decentralization of the program.</p> <p>During FY98, POLICY focused on enhancing operational sustainability of the Moroccan FP program. POLICY collaborated with the MOH and CAs (JSI, PHR) in a market segmentation study, conducted SPECTRUM training and a follow-up application of FamPlan, and developed objectives and a vision for the national FP program, which were included in the National Five-Year Plan (1999-2003).</p> <p>Proposed activities include encouraging participation of the private sector in FP/RH service delivery. National policy actions consist of removing legal and regulatory barriers and “gate keeper” opposition. Decentralization activities include increasing planning, policy dialogue, and participation at the decentralized level (i.e., in regions). In addition, providing TA and/or funding to the Prime Minister’s Office for selecting priority activities in RH will be included.</p>
Staff
<p>Country manager: Volkan Cakir</p> <p>Local staff: Nicole Bella (consultant), Nicolas de Metz (consultant), Ahmed Akhchichine (consultant)</p> <p>Affiliated staff: Norine Jewell, Janet Smith, Bill Winfrey</p>
Funding as of September 30, 1998
<p>\$303,000 obligations to date</p> <p>\$162,726 expenditures to date</p> <p>\$140,274 balance</p>

PROJECT RESULT	Morocco — PLANNED ACTIVITIES
IR2 Strengthened collaboration among government and nongovernmental sectors	Set up regional policy dialogue forums including public sector, NGOs, commercial sector and local governments. Support use of logo by private FP providers to communicate high quality and affordable FP services. Disseminate the strategy workshop recommendations regarding the increase in private sector share.
IR3 More effective planning for FP/RH	Adapt provincial plans to national goals and regional specifics. Disseminate the strategy workshop recommendations regarding strengthening decentralized management.
IR5 Information used for policy and program development	Provide TA and/or funding to the Prime Minister's Office for selecting priority activities in RH. Participate in RESSMA (Maghreb Health Economics Network), whose mission is to mobilize a group of experts who can respond with factual and analytical evidence to policy questions faced by Maghreb governments (i.e., Morocco, Algeria, and Tunisia) regarding RH issues.
IR5.1.2 Local capability to collect and generate information	Regional application of FamPlan.

NEPAL

Status
<p>The POLICY Project is working with the key government stakeholders to address policy and operational RH issues, while encouraging and supporting NGO and private sector participation in policy processes. POLICY supports a Ministry of Population and Environment (MOPE) initiative to update Nepal's mid-range demographic projections (national and subnational projections have already been released by the minister) and to develop sectoral plans based on the updated projections. The sectoral planning is a collaborative process, drawing on the expertise of several ministries and government organizations.</p> <p>POLICY directly supports the MOH and its commitment to improve the RH of Nepalese in two activities. First, POLICY provided TA and training for counterparts to develop presentations, videos, and booklets of a RAPID and a Cost-Benefit Analysis of the Family Planning Program and provides ongoing assistance for their dissemination. Second, POLICY supports the MOH through the application of the Columbia Framework to set RH service priorities. The Family Health Division requested POLICY's assistance in setting priorities for RH services, within the framework of the national RH strategy. Toward this goal, POLICY has supported the collection of data regarding Nepal's RH problems and potential interventions that, in sum, is a comprehensive profile of the RH situation in Nepal. As a part of setting priorities, an October 1998 workshop consisting of government, NGO, and private sector representatives will review this data profile to identify appropriate priority directions.</p> <p>Following the workshop, POLICY expects to work in the following areas: (1) developing effective operational plans that facilitate delivery of services, including adolescent RH; (2) strengthening public/private sector collaboration to provide resources for and deliver services; (3) rationalizing the decentralization model that works best for Nepal's needs; and (4) ensuring that policy process efforts are clear and open to public scrutiny and contribute to better implementation of service delivery.</p> <p>Also, to strengthen components of RH policy, POLICY is supporting the production and dissemination of a feature film on girl trafficking through the Media Alert and Relief Foundation. The RH and rights of thousands of Nepali women each year are threatened by this growing business. Through the film's dissemination, local leaders and community groups will learn more about the issue and have an opportunity to discuss through focus groups the resources available to prevent trafficking of girls and women.</p>
Staff
<p>Country manager: Elizabeth Mumford</p> <p>Affiliated staff: Kokila Agarwal, Janet Smith, Jeff Sine, Harry Cross</p>
Funding as of September 30, 1998
<p>\$708,000 obligations to date</p> <p>\$198,160 expenditures to date</p> <p>\$509,840 balance</p>

PROJECT RESULT	Nepal — PLANNED ACTIVITIES
IR3 More effective planning for FP/RH	MOPE-sponsored sectoral policy meetings. MOH workshop to set priorities in RH.
IR5 Information used for policy and program development	Analysis of existing DoHS implementation plans and assistance to develop new plans. Financial analysis as follow on to questions raised in priority-setting process.
IR5.1 Increased critical information base	Dissemination of RAPID and Cost-Benefit policy tools. Dissemination of girl trafficking film. Completion of MOPE sectoral plans. Analysis of impact of migration on national population policy. Completion and dissemination of Briefing Book. Development of “Program Guide” for RHCC. Documentation of DoHS workshop participant-determined priorities.
IR5.1.2 Local capability to collect and generate information	Collection and compilation of RH data on Columbia Framework factors by local subcontractors.

PHILIPPINES

Status
<p>Since 1996, POLICY has implemented a broad range of activities to (1) create a supportive environment for the population program at the national and local levels, (2) strengthen national organizations, and (3) increase the role of the private sector in the population program. Intermediate results include generating political support for the population program; developing national and local plans, policies, and guidelines; and creating an information base of research studies that can be used as advocacy tools for policy reform.</p> <p>Current activities focus on meeting POLICY's 1998 benchmarks of the conduct of 1998 Local Government Unit (LGU) Commitment Survey, gaining the support of three professional/civic organizations for the population/FP program, and achieving two policy reforms to increase the private sector's participation in the program. POLICY is also working on, or has recently completed, the 1998 National Population Congress, the 1998 Local Government Survey, an internal planning exercise for POPCOM, two private sector studies (a contraceptive supply study and a consumer intercept study), and a synthesis of the four studies that POLICY has completed to date. POLICY has also completed two observational study tours to Colombia and Mexico to look at effective NGOs in each country to see whether these could be adapted and replicated in the Philippine context.</p> <p>POLICY continues to devote significant resources to advocacy, working with POPCOM and two NGOs (the Philippine Legislator's Committee on Population and Development and the Philippine NGO Council on Population) to implement advocacy activities at national and local levels. At the local level, POPCOM's advocacy activities have resulted in the creation of Regional Advocacy Teams; executive orders and resolutions supporting population policies; increased budget allocations for population activities; upgrading of local population offices; and generating support for the population program.</p> <p>The focus for FY99 will be to provide TA to the Department of Health for policy reform and the development of a national market segmentation strategy, policy reforms necessary for the transition to a strong NGO program, mobilization of NGOs to increase the private sector's participation in the population/FP/RH program, and pilot testing of innovative financing schemes for FP such as user fees, means testing, and inclusion of FP in the benefits of the Philippine Health Insurance Corporation (PHIC).</p>
Staff
<p>Country manager: Mark Sherman</p> <p>Local staff: Joan Marie Cortez, Virna Buenaventura, Vilma Aquino, Annabella Fernandez, Sheila Marie Rejano, Juanito Soriano, Jr.</p>
Funding as of September 30, 1998
<p>\$2,883,000 obligations to date</p> <p>\$1,752,310 expenditures to date</p> <p>\$1,130,690 balance</p>

PROJECT RESULT	Philippines — PLANNED ACTIVITIES
SO(a): Political and popular support strengthened	Identify/develop/train influentials such as “policy champions” who will openly support population/FP/RH and influence policy and decision makers.
SO(b): National and subnational policies, guidelines, and plans developed	TA to develop a sectorwide strategic plan, focusing on innovative strategies for increasing private sector’s participation in FP, to develop PPMP Implementation Plan for Year 2000, and to help POPCOM in working with LGUs to ensure that population variables are included in their development plans.
SO(c): Financial and other resources mobilized for FP/RH needs	Foster tripartite agreements with LGUs, NGOs, and pharmaceutical companies to pilot test user fees and means testing.
IR1 Effective advocacy for FP/RH	Provide assistance to two NGOs to conduct advocacy activities at national and local levels. Provide ongoing support to POPCOM in the areas of advocacy and policy analysis and development.
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	TA/FA to POPCOM to create provincial and regional advocacy teams that will constitute a national advocacy network to be spearheaded by POPCOM. Establish a Public-Private Sector Advocacy Network.
IR2 Strengthened collaboration among government and nongovernmental sectors	Organize Public-Private Forum/Dialogue to build consensus and mobilize support for FP. Create public-private working groups to study and recommend policy reforms.
IR3 More effective planning for FP/RH	Hold a sectorwide strategic planning workshop to assist providers in identifying and understanding the socioeconomic characteristics of their target clientele and in developing strategies to reach those clientele.
IR4 Improved financing for FP/RH	Pilot test user fees and means testing in selected LGUs.
IR5 Information used for policy and program development	Synthesize four private sector studies and correlate findings with the 1998 National Health and Demographic Survey (NDS) as inputs for strategic planning exercise. Organize additional observational study tours to Latin America to look at NGOs.
IR5.1 Increased critical information base	Conduct series of studies related to increasing the availability of oral pills. Conduct feasibility study on LGU financing options: health insurance, user fees, donations. Conduct a survey of national legislators’ support/ commitment to population/FP/RH.

EUROPE/NEWLY INDEPENDENT STATES

KAZAKHSTAN

Status
<p>POLICY/Kazakhstan is working to improve the use of data and appropriate methodologies in both advocacy and planning. To achieve these results, activities include (1) a Central Asian Republics' regional workshop, "Family Planning and Reproductive Health Policies During the Socioeconomic Transition"; (2) training for technicians in POLICY's SPECTRUM system; and (3) development of a computer presentation for policymakers on population and RH in Kazakhstan.</p> <p>POLICY/Kazakhstan's initial activity was organizing a workshop in September 1998, entitled "Reproductive Health and Family Planning Policies During the Socioeconomic Transition." This activity was considered a great success by all participants. Bringing together more than 70 distinguished individuals in RH and population policy from various Central Asian countries, the three-day workshop was designed to stimulate policy actions in the individual countries in order to improve women's RH. The policy actions resulting from the workshop will provide an analytic basis for public policy development throughout the region and help guide USAID's continued assistance.</p> <p>POLICY/Kazakhstan will conduct training for key Kazakhstani technicians in SPECTRUM in November 1998. POLICY is currently translating the SPECTRUM system into Russian. Training will focus on the use of SPECTRUM to support advocacy campaigns and planning. Counterparts will be given the computer software and complete training in the use of the models. As a result, participants working in both advocacy and planning will be able to evaluate the impact of various FP/RH interventions in terms of health and development indicators, cost, and population size.</p>
Staff
<p>Country manager: Laura McCallister Local staff: Saltanat Surtaeva Affiliated staff: James Kocher, Sharon Kirmeyer</p>
Funding as of September 30, 1998
<p>\$480,000 obligations to date \$136,682 expenditures to date \$343,318 balance</p>

PROJECT RESULT	Kazakhstan — PLANNED ACTIVITIES
IR5 Information used for policy and program development	Training in the SPECTRUM system for key Kazakhstani technicians from government agencies. Creation of “Achievements and Challenges” presentation by local technical working group, dissemination to decision makers.

ROMANIA

Status
<p>Romania's low fertility level has been achieved primarily through abortion. Romania has one of the highest abortion-related maternal mortality rates in Europe. The country is reforming its health care system, however, and one challenge is including FP/RH in the basic benefits covered under the health insurance package. Health reform implementation, however, has been delayed because of shortfalls in the health insurance funding and state budget for national programs under the MOH.</p> <p>POLICY's focus in 1997-1998 was on the inclusion of RH services in the health insurance package. In the past year, inputs led to the following accomplishments: (1) support for FP in the promotion of RH and prevention of abortions; (2) support for provision of contraceptive information and services by medical and nonhealth staff; (3) inclusion of FP centers under the 1998 state budget of the MOH; (4) increased media coverage of RH policy issues; (5) increased NGO membership in the Coalition for Reproductive Health in Romania (Coalition); and (6) the Coalition's letter-writing advocacy campaign.</p> <p>POLICY's strategic objective (SO) in Romania is to improve the policy environment for FP/RH through inclusion of RH services in the health insurance package presented to decision makers for approval and state budget-supported national programs that allocate resources for FP. This objective will be accomplished by supporting policy dialogue for an RH definition and component elements of a national program, providing media coverage of RH issues in health reform, and providing TA to the Coalition's advocacy efforts.</p> <p>Major activities for the coming year include continued support to RH policy dialogue; TA to the MOH/FP Sex Education Unit and policy champions at national and judet-level on RH issues related to health reform; development, application, analysis, and SPECTRUM training for Romania; advocacy workshop for the Coalition; and assistance to the Coalition to launch and implement its advocacy campaign.</p>
Staff
<p>Country manager: Imelda Feranil</p> <p>Local staff: Daniela Draghici, Alin Stanescu, Luminita Marcu, Ana Maria Teodorescu</p> <p>Affiliated staff: Maureen Clyde, Kokila Agarwal, Bill Winfrey, Molly Strachan, Sema Hosta</p>
Funding as of September 30, 1998
<p>\$1,415,000 obligations to date</p> <p>\$1,078,922 expenditures to date</p> <p>\$ 336,078 balance</p>

PROJECT RESULT	Romania — PLANNED ACTIVITIES
SO(b): National and subnational policies, guidelines, and plans developed	TA to the MOH and policy champions from the public sector. TA to team rewriting health insurance law.
SO(c): Financial and other resources mobilized for FP/RH needs	TA to the MOH on FP/RH health policy and planning, including (1) projections of annual contraceptive requirements using SPECTRUM (to be updated to incorporate low fertility/high abortion component), (2) training and TA to MOH staff and other health planners on the SPECTRUM model, and (3) training on policy analysis and developing policy recommendations. Review of health insurance and MOH health financing and resource allocation.
IR1 Effective advocacy for FP/RH	Continuing TA to the Coalition's letter-writing campaign, and provision of minigrants to implement their advocacy campaign, including preparation of fact sheet, a promotional song, and meetings with decisionmakers.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Continuing TA to the Coalition, including minigrants to generate public support for their advocacy campaign in three judets in early October. Mapping of legislative/regulatory process.
IR2 Strengthened collaboration among government and nongovernmental sectors	Continue support for multisectoral policy dialogue on inclusion of RH in health insurance.
IR5 Information used for policy and program development	Continuing dissemination of policy briefs.

RUSSIA

Status
<p>USAID/Moscow recently allocated field support funds to the POLICY Project, requesting support for analysis, advocacy, and policy dialogue to counteract false claims about the negative influences of a more effective program of RH services in Russia. In response to this request, POLICY drafted a country strategy for FY98-99. POLICY will build a broader base of support for RH, carrying out this work in two phases. In Phase I (through September 1999), the project will build capacity within NGOs and NGO networks to advocate for RH services. The project will help NGOs amass the research, analyses, and accurate data needed to support such an advocacy program. In Phase II (September 1999-August 2000), the project, pending additional field support, will provide support to the NGO advocacy campaigns. POLICY will also begin policy dialogue to create more sustainable financing mechanisms for providing RH goods and services.</p> <p>POLICY/Russia's initial work focused on building capacity for advocacy among NGOs. The private, NGO sector in Russia is rapidly growing, and according to one estimate, less than 3 percent of the more than 150,000 groups operating in Russia are capable of conducting advocacy efforts to influence policymakers in developing and modifying policies. POLICY has successfully completed one workshop, "An Introduction to Advocacy for Reproductive Health." The workshop provided basic advocacy skills among leaders of Russian NGOs and professional associations. Participants also prioritized RH issues, identified data needs, and developed an advocacy plan of action.</p> <p>As a next step in building advocacy skills, POLICY will conduct a Training-of-Trainers (TOT) for Advocacy workshop in the first quarter of 1999. Local specialists with available data will be employed to provide all necessary information in support of the advocacy campaigns. Research projects will be carried out, culminating in the use of reliable data from local experts in advocacy campaigns. An additional benefit will be the formation of a relationship between researchers and NGO advocacy specialists, which should ensure future cooperation, possibly leading to other joint efforts.</p>
Staff
<p>Country manager: Laura McCallister Local staff: Marina Konavalova Affiliated staff: Frances Houck, William McGreevey, Taly Valenzuela, Maureen Clyde</p>
Funding as of September 30, 1998
<p>\$600,000 obligations to date \$ 0 expenditures to date \$600,000 balance</p>

PROJECT RESULT	Russia — PLANNED ACTIVITIES
IR1.1 Enhanced capability of networks and NGOs to represent communities	Advocacy training workshops to begin after September 1998. Work with oblast governments, especially in Tver oblast.
IR4 Improved financing for FP/RH	Policy recommendations to be developed by NGOs on the basis of data analysis results.
IR5 Information used for policy and program development	Analyses of subset of national health accounts, namely, the sources and uses of funds that finance RH care, to be developed with selected groups, possibly to include Kaiser Permanente – Boston University, and the World Bank sponsored National Health Accounts group.

TURKEY

Status
<p>In Turkey, USAID's SO is <i>Increased utilization of FP/RH services</i>. In turn, POLICY directly supports USAID's IR1, <i>Policy strengthened sustainability of FP/RH program</i>; IR1.1, <i>Improved policy environment for public and private sector provision of FP/RH services</i>; and IR1.2, <i>Strengthened NGO advocacy for quality FP/RH</i>. Within this framework, POLICY's SO is <i>Strengthened sustainability of FP/RH program</i>, and IRs include IR1, <i>Operational targeting of public sector resources for FP/RH</i>; IR2, <i>Strengthened collaboration within the MOH and among other sectors</i>; and IR3, <i>Strengthened NGO advocacy for quality FP/RH</i>.</p> <p>Operational targeting of public sector resources for FP/RH remains a pillar of POLICY's program in Turkey. In the next year, program efforts will emphasize policy analysis and dialogue with government decision makers. POLICY is working with the MOH to narrow targeting strategy alternatives. POLICY will also support the MOH to gain national consensus for the selected strategy, following up with assistance in developing an operational plan. POLICY will also monitor commodity forecasting and procurement processes of the MOH and Social Security Institute (SSK). POLICY will also assist the SSK in self-reliance and forging links with the MOH in planning and financing. Efforts in policy dialogue will include facilitating policy dialogue across general directorates within the MOH and up to the MOH Undersecretariat and Minister.</p> <p>POLICY will continue to support activities related to the Turkish National Strategy on Women's Health and Family Planning, which include (1) conducting a baseline survey of selected FP/RH strategies and activities; (2) disseminating the national strategy and raising awareness among provincial representatives; and (3) assisting the Family Planning Board in establishing a monitoring and evaluation task force.</p> <p>POLICY will also support NGO advocacy activities. Activities will include supporting three advocacy campaigns. POLICY will also facilitate KIDOG's participation in Cairo+5 initiatives. As part of a strategy to build capacity among NGOs, POLICY will also conduct training workshops on strategic planning and presentation skills.</p>
Staff
<p>Country manager: Maureen Clyde Local staff: Zerrin Baser, Sema Hosta, Fahrettin Tatar Affiliated staff: Jeff Sine, Karen Foreit</p>
Funding as of September 30, 1998
<p>\$1,475,692 obligations to date \$1,001,640 expenditures to date \$ 474,052 balance</p>

PROJECT RESULT	Turkey — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	Support advocacy campaigns on (1) achieving contraceptive self-reliance; (2) improving the quality of FP/RH services through a client-centered approach to counseling and service delivery; and (3) translating the UN “International Declarations into Action.” Expand KIDOG. Facilitate KIDOG’s participation in Cairo+5 initiatives. Build capacity among NGOs through training workshops on strategic planning and presentation skills.
IR2 Strengthened collaboration among government and nongovernmental sectors	Conduct a baseline survey of selected FP/RH strategies and activities. Disseminate the Turkish National Strategy on women’s health/FP and raise awareness among provincial representatives. Assist the Family Planning Board to establish a monitoring and evaluation task force. Collaborate with the new social marketing project and JHPIEGO to formalize linkages between selected universities and private physicians to open training opportunities that are currently restricted to the public sector.
IR4 Improved financing for FP/RH	Policy analysis and dialogue with decision makers in government. Narrow targeting strategy alternatives. Gain national consensus for selected targeting strategy and develop an operational plan. Monitor commodity forecasting and procurement processes of MOH and SSK: update public sector contraceptive needs and transfer analytical skill to the MOH. Investigate the feasibility of the Health and Social Aid Foundation serving as mechanism for financing public sector commodity supply system. Facilitate policy dialogue across MOH general directorates.

UKRAINE

Status
<p>The source of USAID/Kyiv's funding for population and RH is a U.S. Congressional Earmark to the Newly Independent States region to reduce abortion as a means of fertility regulation by replacing reliance on abortions with modern contraceptive use. USAID/Kyiv's mandate mirrors that of the Ukraine's National Family Planning Program (NFPP), which calls for widespread provision and promotion of modern contraceptives and a reduction in the abortion rate. The NFPP has not been implemented nationally because financing has not been made available. POLICY's SO is <i>Legislative and policy reforms adopted and supportive of FP/RH policies maintained in Ukraine</i>, which advances the intent of the earmark. POLICY's activities directly contribute to USAID/Kyiv's IR2.1, <i>Support for policy change by key decision makers achieved</i>. POLICY is working to achieve the following three IRs:</p> <p>POLICY IR1: <i>Effective policy dialogue and advocacy for FR/RH</i>. POLICY-supported activities with the Odessa Policy Advisory Group (PAG), a multidisciplinary group of professionals concerned with increasing national awareness of the importance of FP/RH, have resulted in identification of five priority RH issues: abortion, contraception, STDs/HIV/AIDS, infertility, and costs of financing these interventions. POLICY will continue to support the Odessa PAG while it facilitates the creation of a PAG in Kyiv. Both PAGs will devise policy dialogue plans to initiate high-level discussions of key FP/RH issues with decision makers, stakeholders, and community leaders. A national symposium will kick off policy dialogue in spring 1999 to raise awareness and build support for national implementation of the NFPP.</p> <p>POLICY IR1.1: <i>Information used for policy and program development</i>. An improved information base is the foundation for an improved policy environment. Unfortunately, data are limited in Ukraine, particularly on costs of services. POLICY is supporting targeted information collection in Ukraine to build a critical information base that will provide an analytic basis for policy dialogue.</p> <p>POLICY IR2: <i>Strengthened collaboration among governmental and nongovernmental sectors</i>. POLICY's activities will promote collaboration both within and among the MOH and non-MOH government agencies and between NGOs and government bodies, in order to foster a participatory process and a culture of consensus building. POLICY is identifying influential government and nongovernmental leaders to involve them in PAG efforts to initiate policy dialogue and simultaneously promote collaboration among these sectors.</p>
Staff
<p>Country manager: Monica Medrek Local consultants: Myroslav Kohut, Natalia Lakiza-Sachuk Affiliated staff: Maureen Clyde, Karen Foreit, Jeff Sine</p>
Funding as of September 30, 1998
<p>\$750,000 obligations to date \$202,637 expenditures to date \$547,363 balance</p>

PROJECT RESULT	Ukraine — PLANNED ACTIVITIES
IR2 Strengthened collaboration among government and nongovernmental sectors	Identify NGOs, associations, and health care representatives to work with the Odessa-based PAG and to engage in upcoming policy dialogue seminars. Create an interagency advisory group to engage in collaborative policy dialogue efforts and improve linkages between government and nongovernmental FP/RH actors.
IR5 Information used for policy and program development	Hold a roundtable meeting with the Parliament's Committee on Health, and Mother and Child Care in Ukraine regarding the importance of RH. Submit a request for decision to the National Security Council of Ukraine utilizing key informant study results and targeted research for policy dialogue. Hold a two-day meeting for key decision makers to discuss current RH issues. Hold two awareness-raising seminars, presenting the findings of POLICY research. Sponsor a roundtable meeting of the Odessa Community-Based Advisory Health Board to discuss connections between STDs and FP/RH. Conduct a SPECTRUM training to enhance the use of information in forecasting potential future scenarios for FP/RH needs.
IR5.1 Increased critical information base	Conclude a national key informant study to identify the key decision makers, their knowledge of FP/RH and other primary health care (PHC) issues, and their policy priorities. Conduct client intercept assessments to explore the role of RH and PHC in preserving couples' prospects for achieving future family formation aspirations. Conduct a cost and financing analysis to identify costs and potential sources of funds within current and expected public financing constraints.

LATIN AMERICA/ CARIBBEAN

BOLIVIA

Status
<p>The government of Bolivia has helped transform Bolivian society in the last five years by making large strides in democratization. A critical element of this transformation has been the implementation of two groundbreaking laws: the Popular Participation Law (1994) and the Administrative Decentralization Law (1995). In August 1997, the new government announced extensive reforms to improve the effectiveness of the two laws and reduce municipalities' dependency on coparticipation funds to pay for productive and social services. With the change in government, POLICY and its local counterparts are building the capacity of the many new officials at the municipal, departmental, and central levels, who generally have limited knowledge about FP/RH. Additionally, the new government is more conservative than its predecessor, with a strong affiliation to the Catholic Church. Many of its leaders are characterized as having a 1950s view of family and sexual health, with some high-ranking officials critical of USAID and other donors' assistance. POLICY's role in this context will be to ensure that the advances of the last five years are not reversed.</p> <p>POLICY's objective in Bolivia is to contribute to the consolidation and success of decentralization in the health sector, focusing on FP/RH policies. POLICY will achieve this by supporting planning, advocacy/policy dialogue, and research endeavors that are decentralized, participatory, and sensitive to population/RH, gender, and adolescents. These activities are designed to build local capacity and maximize collaboration among counterparts, donors, and other CAs.</p> <p>Major activities for the coming year include the following:</p> <ul style="list-style-type: none"> • Advocacy training for local women's groups • Municipal and department-level participatory planning workshops • Dissemination of research projects • Use of the Safe Motherhood Model
Staff
<p>Country manager: Varuni Dayaratna</p> <p>Local staff: Guido Pinto, Beatriz Murillo, Sandra Aliaga, Charles Pedregal (consultant), Fernando Carrega (consultant)</p> <p>Affiliated staff: Patricia Mostajo (Evaluation Specialist for LAC), Taly Valenzuela, Mary Kincaid</p>
Funding as of September 30, 1998
<p>\$850,000 obligations to date</p> <p>\$810,937 expenditures to date</p> <p>\$ 39,063 balance</p>

PROJECT RESULT	Bolivia — PLANNED ACTIVITIES
SO(b): National and subnational policies, guidelines, and plans developed	Awareness-raising/informational meetings for local health authorities to encourage the inclusion of RH on municipal and department-level agendas and plans.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Advocacy training workshops for local women. Advocacy minigrant program to fund trainees' advocacy proposals/activities; complementary leadership TOT and training workshops at the departmental level.
IR3 More effective planning for FP/RH	Municipal and department-level participatory planning workshops and follow-on TA in the development of municipal plans.
IR5 Information used for policy and program development	Modems-2-Municipalities programs and workshops on the use of population and demographic data at the subnational level. Dissemination of research studies/results conducted in FY98 (the Oruro RH issues study, Achacachi gender study, RH finance/cost study). Integration of the Sucre adolescent RH study results in developing a RH/sex education program/curriculum in six high-schools in Chuquisaca. Safe Motherhood Model and advocacy/policy dialogue presentation for use at national and subnational level.

GUATEMALA

Status
<p>The POLICY Project in Guatemala seeks a more favorable policy environment for women's rights and integrated women's health, as well as a stronger Guatemalan commitment to integrated women's health. POLICY supports engaging civil society organizations in the policy process. Local organizations engaged in the policy process will educate and compel government officials and decision makers to respond to women's needs and ensure the achievement of women's rights. Better informed Guatemalan officials and decision makers will be in a better position for decision making. As a result, vigorous and equitably policy dialogue and consensus building will be possible, and collaborative work among sectors will ensure that participatory planning processes are oriented to customer needs based on data and information.</p> <p>Although civil society has not historically played a strong role in the public policy arena, a more active role to influence public policies and actions has been seen, even in controversial issues such as RH and women's participation. Some local organizations, mostly POLICY counterparts, carried out advocacy campaigns in favor of human rights, reproductive rights, and human sexuality; women's right to organize and participate equally in decision making; awareness raising of FP needs; and women's rights, maternal mortality, and integrated women's health from a social and cultural perspective. In addition, a published feminist newspaper supplement covering issues such as FP, RH, ICPD and Beijing Conferences, among others, is currently in circulation. Also, some key legislators support RH as well as other women rights' issues and are willing to use their positions to hold public hearings and discussions. The Defensoría de la Mujer decided to contain the integrated women's health issue in its portfolio, and USAID has received several requests to train MOH medical staff on new contraceptive methodology.</p> <p>These results call attention to continuing and strengthening TA for civil society groups to become informed, organized, and strong social forces advocating for women's rights and integrated women's health. Also, continuing to carry on efforts with the public sector to take advantage of opportunities is important.</p>
Staff
<p>Country manager: Lucía Merino Local staff: Víctor Hugo Fernández, Mirna Montenegro, Juanita Araya Affiliated staff: Patricia Mostajo, Taly Valenzuela</p>
Funding as of September 30, 1998
<p>\$1,110,000 obligations to date \$ 583,591 expenditures to date \$ 526,409 balance</p>

PROJECT RESULT	Guatemala — PLANNED ACTIVITIES
SO: Improved policy environment for FP and RH programs	PES-2 application at national level. PES-1 application at local level (in two departments). National PES participatory analysis.
IR1 Effective advocacy for FP/RH	Direct financial support for public activities through subcontracts and minigrants. Public information/policy dialogue and advocacy activities under subcontracts. Identify and facilitate opportunities for civil society organizations to participate, share experiences and be included in public official's hearings and discussions, as the activities planned and carried out by the Legislative Women's Commission. TA in the implementation of DHS presentations.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Training and TOT and follow-up workshops on such topics as gender, advocacy, and the policy process, Peace Accords, and facilitation techniques.
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	TA in developing a solid network through consensus building around a formal organizational structure and an annual workplan.
IR2 Strengthened collaboration among government and nongovernmental sectors	Identify and facilitate opportunities for civil society organizations to participate, share experiences and be included in public official's hearings and discussions, as the activities planned and carried out by the Legislative Women's Commission.
IR3 More effective planning for FP/RH	Facilitate a participatory process in the planning and development of public policy dialogue events. Financial and technical support for public dissemination events.
IR5.1 Increased critical information base	Update SPECTRUM model. Products under subcontracts. Policy booklets. Create and update a bibliographic and statistical database.
IR5.1.2 Local capability to collect and generate information	TA and training in the use of data for policy process and decision making.

HAITI

Status
<p>For more than a year, governance and policymaking in Haiti have been nearly nonfunctional, while unmet need for RH services remains high and the rate of growth and population size overwhelmingly greater than the nation's capacity to meet its needs. Despite the enormous vacuum in governance and policymaking in Haiti and the consequently fragmented nature of many activities, evidence points to progress: (1) there have been many expressions of support from key public and private sector parties, generally in the context of POLICY-related activities; (2) there are signs of sustained advocacy with POLICY support, despite the highly discouraging political inaction; (3) although leadership from the MOH is weak, experience shows that collaboration among government and nongovernmental sectors is feasible; and (4) despite the absence of a systematic, participatory strategic planning process, there has been considerable databased decision making among government, NGO, and donor officials.</p> <p>In the policy arena of population and RH, the continuing absence of a process for formulation and implementation of policies, participatory planning, and decision making in general has prevented critical actions to meet overwhelming needs, thus inhibiting the effective use of existing data and planning tools, while simultaneously limiting further data generation and analysis and threatening to diminish the value of investments in population and RH.</p> <p>POLICY will respond to opportunities to assist civil society groups and individual government officials—especially in the legislative branch or at decentralized levels—to plan strategically and collaboratively and move forward with FP/RH activities. POLICY also plans to expand the population and RH database and urge all parties to share information. Specific activities will include minigrants, advocacy training, application of FamPlan, strategic planning training, update of data banks, secondary analyses of major data sources, support for development of a private population foundation, and training in SPECTRUM.</p>
Staff
<p>Country manager: TBD Local staff: Laurent Eustache, Eric Gaillard, Eddy Genece, Gabriel Timothé Affiliated staff: Norine Jewell, Janet Smith</p>
Funding as of September 30, 1998
<p>\$200,000 obligations to date \$525,050 expenditures to date \$(325,050) balance</p>

PROJECT RESULT	Haiti — PLANNED ACTIVITIES
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Minigrants to local organizations (e.g., Konesans for women's network, VDH for youth, POZ for AIDS outreach). Support ad hoc task force to promote "Call to Action" with government and donors. Advocacy training, four 1-week programs for multiple sectors.
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	Technical support (e.g., training, presentation technology) and subcontract with CONADEH to carry out policy dialogue activities (newsletters, seminars, media, using POPDEV, mapping info, HIV/AIDS impact, RH analyses) with Parliament and others.
IR2 Strengthened collaboration among government and nongovernmental sectors	Technical and financial support for joint activities (e.g., collaborative application of FAMPLAN, including government representation in all TA and training.
IR3 More effective planning for FP/RH	Provide the following tools: application of FamPlan to produce national FP objectives via workshops with MSPP, NGOs, donors, commercial sector. Transfer the following skills: joint HS2004 TA for strategic planning to meet national objectives.
IR5.1 Increased critical information base	Expand Library of Electronic and other presentations, promote targeted dissemination. Update data bank, mapping (Phase III), and analytical report of nationwide health facilities/personnel (from AOPS Survey). Maintain/ensure update of projections and analyses of population growth, projections of target populations to commune level, HIV/AIDS, women's organizations (currently for four departments).
IR5.1.1 Local capacity for problem identification	Support situation analysis (UNFPA/JSI initiative). Conduct secondary analyses with cross references to available data (DHS, Mapping III, HIV/AIDS, etc.).
IR5.1.2 Local capability to collect and generate information	Training in SPECTRUM, mapping software, EASEVAL (DHS analysis). Support development of private sector foundation for population, including Mission. Training in population-related tools and skills.

JAMAICA

Status
<p>Jamaica is working to shift its program to a more comprehensive RH program, as outlined in the 1995-2015 <i>National Plan of Action on Population and Development</i>. The plan is not, however, a blueprint for action. Jamaica's main focus for its RH activities is now adolescents. Structural issues within the government affect the development of an RH program. The National Family Planning Board (NFPB) and the MOH are working under considerable constraints. The MOH, the main service delivery mechanism in Jamaica, is being reorganized through a health sector reform that includes decentralization. The NFPB, a crucial advocacy organization in Jamaica, received a 40 percent budget cut for the current fiscal year. The NFPB has to set priorities among its current activities. In addition, the NFPB is seeking clarification about the MOH's vision for the NFPB, a statutory board of the MOH.</p> <p>The POLICY Project's SO in Jamaica, <i>Improved policy environment for FP/RH, including HIV/AIDS</i>, is focusing in particular on the development of national policies, guidelines, and plans in support of FP/RH. POLICY will achieve this SO through IR1, <i>More effective planning for FP/RH</i>; IR2, <i>Data utilized in planning at the national level</i>; and IR3, <i>Plan developed for drafting a national youth RH policy</i>. POLICY is assisting the NFPB to develop a five-year strategic plan to help the organization continue advocating for and participating in developing an RH policy and program for Jamaica, with special emphasis on adolescent RH. By improving the policy environment for FP/RH, and specifically by helping the NFPB plan its activities for the next five years, the POLICY Project will contribute to USAID's SO3, <i>Improved Reproductive Health for Youth</i>. In preparation for developing the NFPB's new five-year strategic plan, POLICY funded an evaluation of the NFPB's 1993-1998 strategic plan.</p> <p>Major activities in the coming year include the following:</p> <ul style="list-style-type: none"> • Work with a local organization to help the NFPB develop a strategic plan for 1999-2004 • Provide SPECTRUM training for NFPB staff (core-funded activity) • As part of the strategic planning activity, work with the NFPB to develop a strategy document articulating desired elements of a youth RH policy and steps for drafting the policy
Staff
Country manager: Karen Hardee
Funding as of September 30, 1998
\$120,000 obligations to date \$ 13,128 expenditures to date \$106,872 balance

PROJECT RESULT	Jamaica — PLANNED ACTIVITIES
IR3 More effective planning for FP/RH	Develop an NFPB strategic plan for 1999-2000; develop a strategy document articulating desired elements of a youth RH policy and steps for drafting the policy.
IR5 Information used for policy and program development	SPECTRUM training for NFPB staff (for use with 1997 RH survey data).

MEXICO

Status
<p>During FY98, POLICY collaborated with the National Council for AIDS Prevention and Control (CONASIDA) to initiate decentralized strategic planning in HIV/AIDS in four states in Mexico—Yucatan, Guerrero, the State of Mexico, and the Federal District. CONASIDA is charged with planning and coordinating HIV/AIDS programs. State health departments are responsible for implementing programs and activities through the local State-level AIDS Council (COESIDA). During the first year of the project, POLICY established a field office and collected data for the baseline AIDS Policy Environment Score (APES) that will be monitored to assess program results. This baseline APES was conducted in Yucatan and Guerrero, the first two states of the four designated by CONASIDA for initial action. In collaboration with CONASIDA, the project sponsored the development of a national situation analysis for HIV/AIDS and response analyses for the Yucatan and Guerrero. In addition, the project conducted stakeholder analyses, and together with CONASIDA, developed a press kit and held two press events in the two states to announce the beginning of the decentralized, multisector planning process. Planning exercises in the Yucatan and Guerrero then followed the press events. Prior to the planning workshops in Yucatan and Guerrero, POLICY trained the planning core team.</p> <p>During FY98, POLICY also collaborated with Family Health International and the International Alliance in developing coordinated results packages to meet the Mission's strategic objectives.</p> <p>During FY99, POLICY and CONASIDA will continue planning exercises in the State of Mexico and Federal District. The project will sponsor response analyses in these two states. The planning exercises will require preparatory meetings with the local NGOs and possibly the press. CONASIDA has identified four more states (Puebla, Oaxaca, Jalisco, and Vera Cruz) for planning exercises. POLICY will work with CONASIDA to identify an agency capable of using the planning methodology implemented in the first four states to replicate it in other locations. POLICY will also develop follow-up activities in the four initial states, based on needs identified during the planning workshops.</p>
Staff
<p>Country manager: Mary Kincaid Local staff: Edgar Gonzalez, Martha Alfaro, Mario Bronfman (consultant), Jorge Saavedra (consultant), Silvia Panebianco (consultant) Affiliated staff: Nadine Burton, Blakley Huntley</p>
Funding as of September 30, 1998
<p>\$540,000 obligations to date \$365,129 expenditures to date \$174,871 balance</p>

PROJECT RESULT	Mexico — PLANNED ACTIVITIES
SO: Improved policy environment for FP and RH programs	Conduct APES Score baseline surveys for the State of Mexico and the Federal District (FD) and for the next four states designated by CONASIDA—possibly Puebla, Oaxaca, Jalisco, and Vera Cruz.
SO(c): Financial and other resources mobilized for FP/RH needs	Conduct planning workshops in the State of Mexico and the FD. The workshops will be preceded by press events and, in the case of the FD, a meeting of NGOs will held to elicit consensus on key planning issues and the composition of the planning team. Prepare a strategy on how to develop HIV/AIDS strategic plans in the next four states designated by CONASIDA—possibly Puebla, Oaxaca, Jalisco, and Vera Cruz. Develop and implement a plan for TA for the states where a planning workshop has occurred based on needs identified during the workshops.

PERU

Status
<p>The POLICY Project in Peru promotes the participation of the civil society in the policy process. Bringing together stakeholders from diverse sectors can broaden the focus of the current population policy to include a wider perspective on reproductive health, gender issues, women's status, women's rights, and linkages with other development sectors. In Peru, the participation of stakeholders from civil society and grassroots representatives in the policy process is beginning to take place. POLICY's counterpart, the National Network for the Promotion of Women (RNPM), is coordinating a round table for government and civil society representatives and donors to follow-up on ICPD in preparation to the Cairo+5 meetings. RNPM and the NGO Manuela Ramos, which is in charge of the implementation of the ReproSalud Project, are participating in a series of meetings to discuss the voluntary surgical contraceptive issue in Peru with government officials. Local organizations and groups, including RNPM, its member NGOs, and ReproSalud teams at the national and subnational levels, carried out advocacy campaigns in support of human and women's rights and to raise awareness on FP/RH needs. As a result, ReproSalud teams were responsible for bringing about some operational changes at the service-delivery level. In addition, legislators, such as the President of the Women's Commission, are supportive of RH as well as other women's rights' issues and are aware of their key role in holding public hearings and working together with the RNPM.</p> <p>The results call attention to the need to strengthen the abilities of NGOs and other groups to advocate for improving reproductive health policy, including policies relating to reproductive rights and the quality of reproductive health care. Also, it is important to facilitate and promote participatory policy dialogue about reproductive health including quality of care, gender issues, client-oriented service delivery, decentralization and other priority reproductive health issues and to draw on the experience of the public, private, and NGO sectors.</p>
Staff
<p>Country manager: Lucia Merino Local staff: Patricia Mostajo, Editra Herrera, Lourdes Palao, Eugenia Arias</p>
Funding as of September 30, 1998
<p>\$600,000 obligations to date \$200,963 expenditures to date \$399,037 balance</p>

PROJECT RESULT	Peru — PLANNED ACTIVITIES
SO Improved policy environment for FP ad RH programs, including HIV/AIDS	Conduct in-depth interviews and PES application.
SO(a): Political and popular support strengthened	Conduct key-informant interviews. Establish bi-directional information system (Civil Society-Congress). Engage in dissemination activities (Women's Legislative Congress Commission).
IR1.1 Enhanced capability of networks and NGOs to represent communities	Interview community leaders.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Provide training based on RH Advocacy Handbook, RH Advocacy Training Manual, and RH Community-based Organizations Advocacy Guidelines.
IR3 More effective planning for FP/RH	Provide TA to PROMUDEH for a participatory planning process for women's houses installation.
IR5.1 Increased critical information base	Draft POLICY booklets. Distribute SPECTRUM model (PROMUDEH, UNFPA, COREPOS).
IR5.1.2 Local capacity for problem identification	Collect data for policy processes and decision-making workshop (ReproSalud and RNPM). Assist with Communication for Policy Changes Workshop (ReproSalud and RNPM).

COUNTRIES IN THE PLANNING STAGE

TURKMENISTAN

POLICY will place a resident advisor in Turkmenistan in January 1999. The country workplan will be developed shortly thereafter. The resident advisor will also serve as a resource person for the region. Limited funds have been provided for the Kyrgyz Republic and Uzbekistan but are not yet programmed.

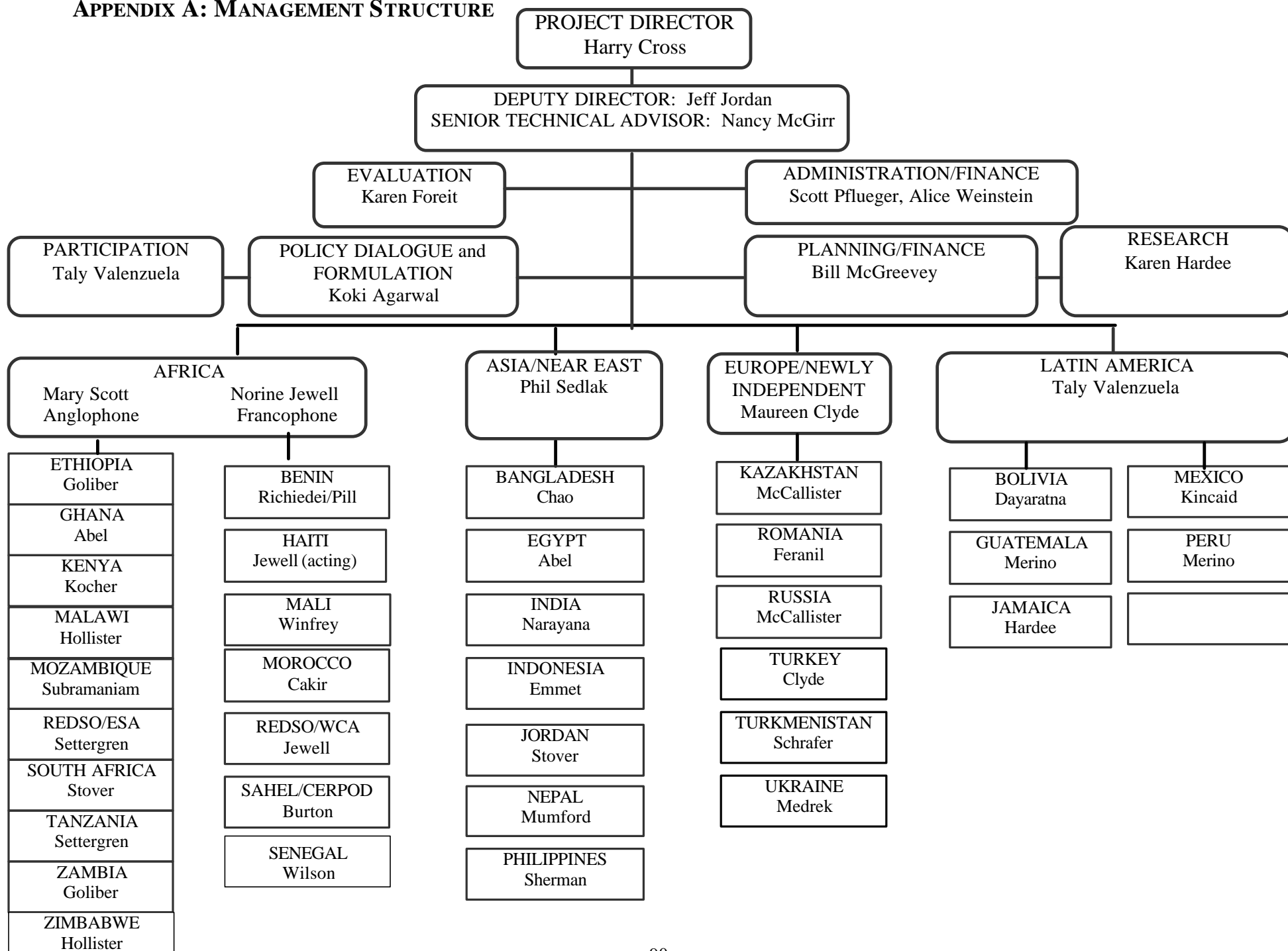
SOUTH AFRICA

POLICY will renew activities in South Africa focusing on awareness raising and training of regional advocacy networks concerning HIV/AIDS issues. A revised and updated workplan will be completed early in 1999.

APPENDICES

APPENDIX A:	MANAGEMENT STRUCTURE
APPENDIX B:	AVAILABILITY OF COUNTRY WORKPLANS
APPENDIX B:	FINANCIAL SUMMARY

APPENDIX A: MANAGEMENT STRUCTURE



APPENDIX A: MANAGEMENT STRUCTURE

Regional Managers	Country	Country Manager	Administrator	CTO
<i>Africa:</i> Norine Jewell, Mary Scott Backstop: Jeff Jordan	Benin	Charles Pill	Alice Weinstein	Bessie Lee / Barbara Crane (Morocco: Elizabeth Schoenecker)
	Ethiopia	Tom Goliber		
	Ghana	Ed Abel		
	Haiti	Norine Jewell (acting)		
	Kenya	Jim Kocher		
	Malawi	Bob Hollister		
	Mali	Bill Winfrey		
	Morocco	Volkan Cakir		
	Mozambique	Sumi Subramaniam		
	REDSO/ESA	Susan Settergren		
	REDSO/WCA	Norine Jewell		
	Sahel/CERPOD	Nadine Burton		
	Senegal	Ellen Wilson		
	South Africa	John Stover		
	Tanzania	Susan Settergren		
	Zambia	Tom Goliber		
	Zimbabwe	Bob Hollister		
<i>Asia/Near East:</i> Phil Sedlak Backstop: Harry Cross	Bangladesh	Dennis Chao	Scott Pflueger	Elizabeth Schoenecker
	Egypt	Ed Abel		
	India	Gadde Narayana		
	Indonesia	Bill Emmet		
	Jordan	John Stover		
	Nepal	Elizabeth Mumford		
	Philippines	Mark Sherman		
<i>Europe/New Independent:</i> Maureen Clyde Backstop: Harry Cross	Kazakhstan	Laura McCallister	Alice Weinstein	Elizabeth Schoenecker
	Romania	Imelda Feranil		
	Russia	Laura McCallister		
	Turkey	Maureen Clyde		
	Turkmenistan	Philip Schraefer		
	Ukraine	Monica Medrek		
<i>Latin America:</i> Taly Valenzuela Backstop: Jeff Jordan	Bolivia	Varuni Dayaratna	Scott Pflueger	Bessie Lee / Barbara Crane
	Guatemala	Lucia Merino		
	Jamaica	Karen Hardee		
	Mexico	Mary Kincaid		
	Peru	Lucia Merino		

AVAILABILITY OF COUNTRY WORKPLANS

AFR

Benin
Ghana
REDSO/WCA
Zambia

ANE

Bangladesh
Egypt
India
Indonesia
Jordan
Nepal

ENI

Kazakhstan
Romania
Russia
Turkey
Ukraine

LAC

Bolivia
Guatemala
Mexico

FINANCIAL SUMMARY

Core-supported Activities	Year IV (in '000)
Cairo+5	523
Country-specific	447
Evaluation	304
Global	50
Model development, dissemination, training	258
Participation	975
Policy dialogue and formulation	884
Planning/finance	913
Research	957
Special initiatives	113
Working groups	356
Total core activities	5,780
Field-supported Activities	
Bangladesh	398
Benin	334
Bolivia	200
Egypt	520
Ethiopia	203
Ghana	306
Guatemala	350
Haiti	275
India	875
Indonesia	925
Jamaica	100
Jordan	340
Kazakhstan	318
Kenya	454
Malawi	255
Mali	195
Mexico	224
Morocco	140
Mozambique	319
Nepal	300
Peru	379
Philippines	800
REDSO/ESA	361
REDSO/WCA	396
Romania	311
Russia	355
Sahel/CERPOD	130
Senegal	315
South Africa	415
Tanzania	299
Turkey	450
Turkmenistan	375
Ukraine	308
Zambia	100
Zimbabwe	175
Total country activities	12,250
TOTAL YEAR IV:	18,030